

**FAMILY GROUP THERAPY:  
A RELEVANT MODEL FOR THE PASTORAL COUNSELOR**

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**by  
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*This dissertation, written by*

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## PREFACE

The following statement of Blaise Pascal, in the *Pensées*, is applicable to my experience in the writing of this dissertation. He said: "The last thing one settles in writing a book is what one should put in first."<sup>1</sup> The problem has been defined and refined in the process of writing this paper. I am deeply involved in the subject. Insights from reading and experience have been stated which have contradicted previously held assumptions. The real insight into the bridge between psychology and theology has come through my own experience. Thus, my approach to the subject matter of this paper is affected by the fact that interpersonal relationships have been the major source of renewal to me. In the midst of depth relationships, I have discovered periodically that the eternal Thou is present.

I am grateful to the following people who went more than the "second mile" with me as I wrote this paper. They often struggled with me. They shared both the joys and frustrations. My guidance committee, Howard J. Clinebell, Jr., Allen J. Moore, and Frank W. Kimper have been most helpful in a manner which broke down the stereotype of the separation between "teacher and student." They

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<sup>1</sup>Blaise Pascal, *Pensées* (New York: Dutton, 1958), p.7.

have explored this area with me. They have helped me to perceive this dissertation as only the beginning of a search. They have demonstrated this through relationships as well as through teaching. My local congregation, The Congregational Church of Hacienda Heights (California), United Church of Christ, has been a major source of encouragement and confrontation. When I have been phony in relationships or in an "ivory tower," they have brought me quickly into reality. Virginia Rother, "Gin," has patiently typed the manuscript. Most of all, I am grateful to Glenda, Marc, and Michelle who constitute respectively my wife, son, and daughter. They know that anxiety in one member of the family (in this case the writing of a dissertation) affects the whole family.

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## CHAPTER I

### INTRODUCTION

#### STATEMENT OF PROBLEM

This study will focus on whether the methodologies of family group therapy are relevant to the pastoral counselor. Thus, an important facet of the paper is to perceive theoretically and empirically whether family group therapy can be a vital tool in the implementation of the function of the parish church. It is the intention of this paper to explore ways in which one fairly recent style of therapy, family group therapy, can facilitate the pastoral counselor in his counseling ministry. The primary setting for empirical data is the parish church. The secondary setting is a family service center.

An understanding of the function of the church in the 1970's is integral to the thrust of the paper. The study includes a statement about the mission of the church as it relates to the function of pastoral counseling. Can family group therapy help to implement that function? Is the local church an appropriate context for family group counseling? Do relationships outside of counseling between the pastor and families who are involved in family group counseling help or hinder effective treatment of the family units? These questions are central to the focus



of this study. The paper attempts to deal with integrity with the focus which Clinebell states when he writes the following:

During World War II the persecuted Christians threw a ringing challenge at comfortable, culture-adapted Christianity when they declared, "the first duty of the church is to be the church." It is my conviction that a local church works best for mental health when it is true to its mission as a church, not when it attempts to become a mental health agency. Its rich contribution to mental health is the result of the overflowing vitality of its spiritual and interpersonal life as a person-centered, God-oriented organism.<sup>1</sup>

### DEFINITIONS

It is important to define certain terms which are used throughout the paper. In this study, the term "pastoral counselor" is used to signify the following role-relationships: (1) the pastor who is trained in counseling and who does counseling within the framework of his local church; and (2) an ordained minister who functions as a counselor in another setting than the parish church. The definition of a "trained counselor" will be given in chapter IV.

Family group therapy is therapy in which "the family unit is to be treated."<sup>2</sup> Terms such as "conjoint family therapy," "family treatment," and "conjoint family treatment" are used to designate this unitary

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<sup>1</sup>Howard J. Clinebell, Jr., Mental Health Through Christian Community (Nashville: Abingdon Press, 1965), p.262.

<sup>2</sup>John Elderkin Bell, Family Group Therapy (Washington: Government Printing Office, 1961), p.4.

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approach to the family as a system in contradistinction to the collaborative forms of treatment in which individual family members are seen separately by the same or different therapists. Family group therapy, as used in this dissertation, takes seriously the functioning of the family as an organic unit. The goal of family therapy is to change the family system of interaction. Family group therapy focuses on the family as a unit and usually involves three or more family meetings together (conjointly) with the same therapist(s).

In this paper, "church setting" or the parish church refers to the setting of a pastor who is doing counseling in the context of his own church. Much of the empirical data comes from the church which is being served by the author. It is an United Church of Christ church in a suburban middle to upper-middle class community in Southern California.

In the study, "family service center" refers explicitly to a Salvation Army Family Service Center in Southern California in which the author is a counselor. This family service center is a secondary source for empirical data. It is located in a lower middle-class community and provides counseling services for that area.

### BRIEF DEVELOPMENTAL HISTORY

Virginia Satir states the following: "Those of us who have

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studied family interaction as it affects behavior in children cannot help wondering why the therapy professions have so long overlooked the family as the critical intervening variable between society and the individual."<sup>3</sup> One can certainly raise this question about the pastoral counselor. Although the pastor has always ministered to family units, the potential of the pastoral counseling field to "overlook" the availability of family therapy may become another example of the failure of the clergy to lead out in the utilization of new tools.<sup>4</sup> The emphasis on long-term depth psychoanalytic therapy prevented any overt utilization of the family system until very recent times. Although the writings of Freud clearly indicate that the psychological problems of neurotic patients have their origin in the patient's early childhood, few psychoanalysts use family therapy.

During the nineteenth century the development and emancipation of the individual was stressed. In the twentieth century, the emphasis has shifted from the individual to societal relationships and interpersonal concerns. Although Freud demonstrated his appreciation for the

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<sup>3</sup>Virginia Satir, Conjoint Family Therapy (Palo Alto: Science and Behavior Books, 1967), p.27.

<sup>4</sup>This appears analogous to the reluctance of the clergy to lead out in social issues. In short, the temptation to follow the lead of other "professionals" in the social arena and psychotherapeutic methodologies.

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effect of the family upon the individual, his writings were primarily focused on the individual. Indeed, there has been a tendency to regard a patient as a closed system in which both the behavior disorder and the potential for change reside. Neo-Freudians, such as Sullivan, Horney, Fromm, and Kardiner have played significant roles in establishing the importance of current interpersonal experiences. When one looks at the developments in other areas than psychotherapy, one discovers other contributing factors to the "kairos" which encourages family group therapy. There has been a coalescence of new conceptual trends in a number of fields: cultural anthropology, group dynamics, communication as well as the developments in ego psychology and child development. Thus, we have come to the place where Sidney Goldstein is able to write: "The family, we at last understand, is the social organization into which the individual is born. . . ."<sup>5</sup> The full implications of this statement are now being understood as family group therapy stresses the organismic quality of the family.

The earliest instance of such a radical departure (as family group therapy) from the orthodox psychoanalytic technique is not known. However, in 1948 Mittleman described his experience with twelve patients whose spouses he also treated with psychotherapy. In the last

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<sup>5</sup>Sidney Goldstein, Marriage and Family Counseling (New York: McGraw-Hill, 1945), p.3.

decade and one half, experimentations in family therapy have come out into the open. Clinebell states that "During the last decade there has been within the counseling professions, a virtual explosion of interest in this approach."<sup>6</sup>

The present milieu is conducive to the utilization of family therapy. An indication that this transition is a recent change is depicted graphically by Grunebaum, et. al, when they write about outpatient clinics at the McLean Hospital in Belmont, Massachusetts. They state the following:

The individualistic and medical orientation of the clinic may be judged from the past that until recently, when a couple came to the clinic secretary, the first staff person encountered, she asked them which one was the patient and handed that person a form to be filled out.<sup>7</sup>

The main point of reference for family group therapy is the interrelation between illness in one person and the functioning and mental health capabilities of the family as a whole. In addition to the societal developments, this wholistic approach finds support in the Pauline concept of the church as the "Body of Christ" in which the functioning of each member affects the whole unit. When one adopts this way of

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<sup>6</sup>Howard J. Clinebell, Jr., Basic Types of Pastoral Counseling (Nashville: Abingdon Press, 1966), p.120.

<sup>7</sup>Henry Grunebaum, "Diagnoses And Treatment For Couples" (1968), p.5.

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looking at groups, then the hypothesis that "where there is a disturbed child there is a disturbed family"<sup>8</sup> makes sense. For some time the consensus has been that there must be disturbed parents when there is a disturbed child. However, the emphasis upon the family as the unitary "organism" or "system" is the new foundation for therapeutic research and treatment.

### DELIMITATIONS

There are several delimitations in the paper. This is not a discussion of all the ways in which a local church can fulfill its mission. Also, this is not an attempt to discuss the **wide** range of possibilities through which the parish church can foster mental health. The case-studies from family group therapy in the local church are limited to families from middle class and upper-middle class homes. Thus, one cannot make the assumption that the major insights and methods of this paper will be applicable to families in poverty areas. The family in its isolated rural, or in its most compacted, inner city forms admittedly will manifest important variations or exceptions to some of what follows. We shall look at family group therapy in the context of a Salvation Army Family Service Center in order to look at

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<sup>8</sup>Bell, op.cit., p.4.

such counseling in another setting. These two contexts, church and family service center, provide the base for research into the variations of treatment procedures and effects. In both settings, the counseling was done by a pastoral counselor(s) who was known to the counselees to be an ordained minister. One of the key variables is that the pastoral counselor, in the local church setting, is the pastor of the counselees. In the family service center, he is only related to the families in counseling sessions. Another variable is that the families in the family service center come predominately from lower-middle-class homes in contrast to the higher socio-economic status of the families in the suburban parish. It is certainly not the goal of the paper to suggest a methodology which would eliminate conflict completely from family life.

#### DESIGN--RESEARCH METHOD AND TECHNIQUE

In order to achieve the above-mentioned goals for the paper, the following methods and techniques have been used. First, a description of both the rationale and current methodologies of family group therapy is given. This information is a necessary prelude to the primary task of the research which follows. It is a central assumption of this paper that the family is much like an organism. Thus, for example, a specific symptom, such as a child's habitual temper tantrums, indicates that the family is disturbed. Then, there is an evaluation of the methodologies

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of family therapy. We shall examine especially the assumptions concerning the nature of man which are held by these therapists. How do these assumptions relate to the Christian assumptions concerning the nature of man? It is necessary for the pastoral counselor to criticize assumptions about man in the context of his faith if he is to retain the integrity of both dimensions of his role: pastor and counselor. Next, we shall attempt to perceive whether family group therapy and the function of the parish church are related.

In order to define the function of the church, three sources have been utilized: (1) the secondary source of writers in the field on the nature of the church; (2) the primary source of the Bible; and (3) the primary source of the author's experience. Thus, if the reader perceives the mission of the church through a radically different perspective, he may disagree with some of the assertions.

It is the author's intention to make this paper more than a theoretical discourse on the family group therapy and the pastoral counselor. Thus, a chapter on the adaptations of family group therapy for the pastoral counselor who is a trained counselor and the pastor who does counseling and has received little training in the field of pastoral counseling has been written.

Abbreviated case-studies from the experience of the author as a pastor doing counseling in a local church and as a co-therapist in the

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family service center are given in order to ascertain the relevance of the methodology of family group therapy for the pastoral counselor. Objective measurements of change are basic to any empirical science. Historically, science has worked to find objective, reliable yardsticks to measure the relationships between events in the universe. A scientific approach to the treatment of interpersonal problems, therefore demands reliable measures, particularly if the effect of treatment is to be determined. The need for these measures becomes most apparent when one is discussing the employment of a relatively new treatment technique, such as family group therapy. In the evaluation of these case studies, the author did not rely on standard psychological tests or inventories. Instead, the following criteria were utilized. An increasing ability to be "self-directed" was used as a goal in family group therapy in both settings. Self-direction is described in terms of the family's members becoming less dependent on the other members of the family and upon the group leader for advice, information, and authority. Another measure involves the members' increased sensitivity to their own feelings and the feelings of other members of the group. In both settings, the members of the family group establish group goals which are specific and behaviorally defined and then use the attainment of these goals as measures of group movement. These goals are written down. Periodically, there is an evaluation of the progress of the group.

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In the family service center, the co-therapists set (in consultation with the group) the number of weeks for the sessions. At the end of that length of time, an evaluation is made with the group and individual families. In the sessions, the therapist(s) structures the group sessions so that only subjects pertinent to the group goals can be discussed. In order to provide more objectivity in this study, the author has used all of the family counseling sessions in the church setting during a six month period. Also, all of the families in the family service center who remained in family group therapy for that six month period have been used. The author recognizes that the fact that these families remained in family group therapy for six months is an important variable and limitation upon generalizations and comparisons. Thus, clinical impressions and statements made by counselees (in relationship to established goals) are the central facet for an evaluation of the progress of family group therapy in the study.

This completes the introductory orientation and leads us to a consideration of the rationale and methodology of family group therapy.

## CHAPTER II

### THE RATIONALE AND METHODOLOGY OF FAMILY GROUP THERAPY

Family therapy represents one of the newer thrusts in psycho-therapeutic thinking. The main point of reference for family group therapy is the interrelation between illness in one person and the functioning and mental health capabilities of the family as a whole. This chapter discusses the rationale of family group therapy. Then, it contains a section on the methodological application of that rationale. Current methodologies are discussed and evaluated.

#### RATIONALE

Jeanniere states succinctly that:

The family is the first social reality that allows us to proceed from a concrete whole--self-existent, proximate, and visible--to the individuals who are defined by that whole.<sup>1</sup>

Jeanniere launches the discussion into the "why" of family therapy. Family group therapy provides a bridge to the individuals of the family and a bridge to larger systems. When one looks at the family system,

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<sup>1</sup>Abel Jeanniere, The Anthropology of Sex (New York: Harper and Row, 1967), p.32.

one readily recognizes the propriety of the application of the following statement of Thibaut and Kelley to the rationale of family therapy: "The adjustment one individual makes affects the adjustments the others must make, which in turn require readjustment of the first, and so on."<sup>2</sup>

This understanding of the complementarity of interactions is the sine qua non for family therapy as a methodology. Lewin states the matter cogently when he writes the following:

The essence of a group is not the similarity or dissimilarity of its members, but their interdependence. A group can be characterized as a "dynamic whole"; this means that a change in the state of any subpart changes the state of any other subpart.<sup>3</sup>

In this description of the "interdependence" of group members, Lewin is underscoring the salient raison d'être of family therapy. Lewin considers the individuals to be interdependent parts of a larger whole, which is different from the sum of its parts. Cohen illustrates the same dynamic when he writes the following:

Because a person is so completely interdependent with others, disrupting the relationship creates chaos within him and makes him vulnerable; because it is therefore so important to him to maintain a close and stable relationship with others, those others can influence his behavior in a variety of ways.<sup>4</sup>

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<sup>2</sup>John W. Thibaut and Harold H. Kelley, The Social Psychology of Groups (New York: Wiley, 1967), pp.5,6.

<sup>3</sup>Kurt Lewin, Resolving Social Conflicts (New York: Harper & Brothers, 1948), p. 54.

<sup>4</sup>Arthur R. Cohen, Attitude Change and Social Change (New York:

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In short, evidence from other writers suggests that one can treat the members of the family more adequately when the effects of the relationships within the family system are taken seriously.

The act of seeing the family together says that the problems belong to everyone in the family. Patients are not patients in isolation. Bell states this thesis succinctly when he writes that "The method of the therapy emerges, then, from the one basic assumption differentiating it from individual therapy: The Family Is The Unit To Be Treated."<sup>5</sup> Family group therapy is a refusal to allow one member of the family to become the "scapegoat." As Satir writes cogently:

A child learns about people and about himself by interacting with them and by watching them interact. This is why I call any family which has an I.P. (Identified Patient) in it a dysfunctional family.<sup>6</sup>

Satir points out that knowledge of the family "homeostasis" is necessary because the behavior of the varied members of the "dysfunctional family" makes sense within the framework of the balancing forces of the family. "Homeostasis" is a term which is used several times in the dissertation. In Physiology, it refers to the tendency of an

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Basic Books, 1964), p. 101.

<sup>5</sup>John Elderkin Bell, Family Group Therapy (Washington: Government Printing Office, 1961), p. 4.

<sup>6</sup>Virginia Satir, Conjoint Family Therapy (Palo Alto: Science and Behavior Books, 1967), p. 27.

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organism to maintain stability within itself. In this paper, homeostasis is used to refer to the organic quality of the family unit through which the family achieves a relative degree of stability in order to function as a unit. This understanding of the interdependence of the family unit provides significant support for the rationale of family group therapy.

Berman states the rationale for family group therapy in a succinct manner when he writes the following: "Children function as a barometer reflecting the psychodynamics of family life."<sup>7</sup> The "identified patient" often serves a psychological need of the parents or his siblings. Sometimes children provide a means by which parents endeavor to relive their own lives. If one holds the entire family in focus, one often perceives that many of the clashes between members of the family are due to the incompatibility or competition of the diverse developmental strivings of family members at critical points of growth. When one views the family as a "social organism," these intricate factors come to light.

Another element in the establishment of the need for looking at the family as a whole is our increasing realization that people who are "uncertain of self-boundaries, unclear about their impingement on other people and their effectiveness in tasks, need continuous use of other

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<sup>7</sup>Sidney Berman, "The Role of Children in the Family," in Samuel Liebman (ed.) Emotional Forces In The Family (Philadelphia: Lippincott, 1959), p. 13.

people for definition of self."<sup>8</sup> Thus, one can readily perceive that the possibility for meaningful therapy will be enhanced if the primary group which serves that function, viz. the family, is involved in the therapeutic endeavor. Ackerman states cogently that what one finds in a family "is a set of partial identities which compete for dominance of the entire family group. Each parent, each child, has a picture of what the family stands for, its expectations, its standards, its strivings, and its value orientation."<sup>9</sup>

The family perspective does not de facto preclude the typical portrait of intra-psyche conflict. Instead, as Haley suggests, the family point of view adds a "different way of looking at the same data as well as an emphasis upon collecting new kinds of data."<sup>10</sup> This addition is delineated well by Grotjahn<sup>11</sup> when he writes that "Analytic psychotherapy of the family neurosis is based on an important insight:

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<sup>8</sup>Salvador Minuchin, "Family Structure, Family Language And The Puzzled Therapist," American Journal of Orthopsychiatry, (1964), 348.

<sup>9</sup>Nathan Ackerman, "Emergence of Family Psychotherapy on The Present Scene," in Morris I. Stein (ed.) Contemporary Psychotherapy (Glencoe: Free Press, 1961), p. 240.

<sup>10</sup>Jay Haley, Strategies of Psychotherapy (New York: Grune and Stratton, 1963), p. 155.

<sup>11</sup>Martin Grotjahn, Psychoanalysis And The Family Neurosis (New York: Norton, 1960), p. 282.

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a person's neurosis may be anchored to a large extent in a complementary neurosis involving his marriage or his family." Once one posits that there is a mutual reinforcement of neurotic behavior, family group therapy provides an available methodology for the therapist.

Another central concern of the therapist is the continuing health of his client following therapy. Since the emotional climate of the family affects each individual, the total family must receive help. Ackerman states this hypothesis cogently when he writes:

To keep one's health, one must continuously share it with other healthy persons. One must find a group climate in which one can continue to grow and actualize one's potentialities in healthy human relationships. But the groups from which an emotionally sick person comes are themselves warped.<sup>12</sup>

Also, the other members of the family need to be aware of the changes in the "identified patient." If there is no such awareness, the pathology of the family neurosis may preclude acceptance in the family of new health in the "sick one," i.e. the "scapegoat" of the family. Therapists have often noted that, as the behavior of the child under treatment would become less disturbed, trouble would break out in another part of the family system. Emotional disturbances might be displayed by another part of the family. Thus, Thorman states succinctly that "Observation of this situation led to the theory that conflict,

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<sup>12</sup>Nathan W. Ackerman, The Psychodynamics of Family Life (New York: Basic Books, 1959), p. viii.



emotional turmoil, and unresolved problems existed within the family itself, and could show up in any member."<sup>13</sup> The family often, unwittingly, had attempted to make a "sacrificial lamb" of one of its members. Erik Erikson perceives this function within the family when he writes concisely: "...much of the shame and doubt, much of the indignity and uncertainty which is aroused in children is a consequence of the parents' frustrations in marriage, in work, and in citizenship."<sup>14</sup> Thus, family group therapy is a methodology which recognizes the interrelationship of the family members.

Among those therapists who practice family group therapy, a great variation exists in methodology. Now let us turn our attention to some of those therapists who accept the touchstone of family therapy that "Since families interact as organisms, it is logical to help dysfunctional families as units."<sup>15</sup>

### CURRENT METHODOLOGIES

There is a variety of styles and approaches in the modus operandi

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<sup>13</sup>George Thorman, "Family Therapy-Help For Troubled Families," Public Affairs Pamphlet, No. 356 (February, 1964), 17.

<sup>14</sup>Erik H. Erikson, "Identity and The Life Cycle," Psychological Issues, I:1 (1959), 73.

<sup>15</sup>Howard J. Clinebell, Jr., Basic Types of Pastoral Counseling (Nashville: Abingdon Press, 1966), p. 120.

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in contemporary psychotherapy. In this section, current methodologies will be discussed.

Haley lists three general approaches or therapeutic styles. First, he discusses the "one-to-one style." In this method, "the therapist treats individual family members in the presence of one another."<sup>16</sup> This style employs a modified version of the psychoanalytic method in the context of the family. A second therapeutic style is the "enforced family conversation" in which the therapist encourages the family members to carry on a conversation with one another. The third method mentioned by Haley is the "therapist as a funnel style."<sup>17</sup> In this methodology, all members of the family address their remarks to the therapist. Then, the therapist attempts to interpret and clarify the remarks and elicit responses from other members of the family constellation.

In addition to the variations in style, the therapists also vary in their approaches to the content which should be the focus of the family's discussion. For example, some will emphasize the effects of the past on present behavior, while other therapists will focus only upon the present behavior. Perhaps, only the interaction in the actual group setting will be studied. The combination of the existential "here-and-

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<sup>16</sup>Haley, op. cit., p. 155.      <sup>17</sup>Ibid.

now" with the "enforced family conversation" model will be the primary methods utilized in the approaches mentioned in synoptic form in this chapter except for the discussion of Grotjahn's approach. Primary attention will be focused upon John Bell, Virginia Satir, James L. Framo and Ivan Boszormenyi-Nagy, Martin Grotjahn, and Salvador Minuchin. It appears to the author that the approaches of John Bell and Virginia Satir are most relevant for the pastoral counselor due to the following reasons: the skills which are required for such therapy; the possibility for short-term relationships; and the physical setting for therapy. In the following approaches of family group therapy, these aspects are central. First, the family group includes at least all the people living under one roof. Thus, "the basis of the interview is the living unit."<sup>18</sup> In some approaches, the total family attends every session. In others, the members of the family meet individually as well as collectively with the therapist. Second, the "master goal is to reduce negative complementarity in family interaction."<sup>19</sup> In order to do this, family therapists seek to facilitate new lines of communication among the family members through observation at the therapy sessions and experimentation with alternative ways of relating to one another. Third, the family therapist

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<sup>18</sup>Ackerman, "Emergence of Family Psychotherapy . . .," p. 241.

<sup>19</sup>Clinebell, op. cit., p. 124.

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strives to establish an empathetic relationship with all members of the family unit. Any feeling by a member of the family that the therapist is "siding" with another member of the family will hinder the functioning of the therapist. Therefore, for example, John Bell meets with the parents alone to let them know that he will identify with the children for ~~awhile~~ until the children begin to trust the therapist as an adult who is not another parent or "on the parent's side." (In further discussion of Bell, this procedure will be questioned.) Fourth, in each of these approaches, the therapist's role is an active one. Fifth, the therapist helps all the members of the family to perceive their interdependence and identity as a family. This realization is a prerequisite to a change in the family system. As Nathan Ackerman states succinctly: "Family treatment focuses on the behavior disorders of a system of interacting personalities, the family group."<sup>20</sup> In each of these approaches, the therapist(s) attempts to help the members of the family perceive this interactional basis of family life. This educative aspect is central.

Having made assertions about these aspects of family group therapists, we shall look at some of the approaches of specific therapists.

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<sup>20</sup>Nathan W. Ackerman, "Family Psychotherapy and Psychoanalysis: The Implications of Difference," Family Process, I: 1 (1962), 32.

### Virginia Satir

Satir explores the organismic conception of the family in greater depth and with more variation than any other school studied in this dissertation. She assumes that "all breathing human beings can change."<sup>21</sup> Thus, Satir is able to state "I enter the therapeutic situation with the expectation that change is possible and with a clear, delineated structure for encouraging change."<sup>22</sup> This states Satir's posture in therapy. The affirmation that there are no untreatable people provides a foundation for her approach. She also postulates that all behavior has an interactional base. Satir sees the heart of the interactional functioning in the family as the marital partners. Indeed, she writes that "The marital relationship is the axis around which all other family relationships are formed. The mates are the architects of the family."<sup>23</sup> Once she has made this assertion, Satir then makes the congruent statement that "the relationship between the mates will be the therapist's first concern."<sup>24</sup> The central goal of Satir's approach

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<sup>21</sup>Satir, Taken from a tape recording of her lecture at the Convocation at the School of Theology at Claremont, March 21, 1966. Used by permission.

<sup>22</sup>Virginia Satir, "Conjoint Marital Therapy," in Bernard L. Greene (ed.) The Psychotherapies of Marital Disharmony (New York: Free Press, 1965), p. 132.

<sup>23</sup>Satir, Conjoint Family Therapy, p. 27. <sup>24</sup>Ibid., p. 6.

is to help the "dysfunctional family" to become functional.

Satir begins by attempting to get both of the marital partners to come and see her. She is likely to say to the wife: "As you know, we do family work here, and I think we should start out with you and your husband, I think that would be best. You are the adults in the family."<sup>25</sup> In this manner, she is beginning the role as teacher, an "expert" in family communication and relationships. Also, she is getting the "architects" of the family into a relationship with her.

In the first family interview, the therapist, according to Satir, should "establish what the family wants and expects from treatment."<sup>26</sup> This allows each member of the family to become involved in the interaction of the group at the outset of therapy. Then, Satir explains the nature of family therapy and the responsibilities of each member of the family in the sessions. An illustration of the type of question which Satir likes to ask is the following: "What hurts in this family?"<sup>27</sup> In such a question, Satir shifts the focus from the Identified Patient to the family as a whole by the introduction of the idea that the family has pain. (This immediate focus is in contradistinction to the approach at McLean Hospital mentioned in the previous chapter.)

A key facet of Satir's approach is the "family life chronology."

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<sup>25</sup>Ibid., p. 108.      <sup>26</sup>Ibid., p. 109.      <sup>27</sup>Ibid., p. 110.

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She believes that a look at the history of the family is helpful to the family members as well as the therapist. The emphasis is upon the present family orientation. Then, she turns her attention to the task of therapy and outlines the reason for family group therapy in the following manner:

As you know, we work with families here. And we have found that when one member has pain, all share this pain in some way. Our task is to work out ways in which everyone can get more pleasure from family life. Because I am sure that at one time this family had better times.<sup>28</sup>

Such a statement demonstrates her ability to phrase the purpose, plan, and hope of therapy in such a manner that the family will be motivated to get on with the task.

Satir includes all the children who are four or older in most sessions. However, she meets with just the marital partners or with other groupings occasionally. Flexibility is a key facet of Satir's approach. She, also, will meet with the family in different settings--her office, outside, the family's home. The sessions may last from one hour to a marathon session with the family. She will use a co-therapist at times. The needs of the particular family dictate the direction of the sessions.

Satir states that "the most important concept in therapy, because

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<sup>28</sup>Ibid., p. 117.

it is a touchstone for all the rest, is that of maturation."<sup>29</sup> She defines maturation as "the state in which a given human being is fully in charge of himself."<sup>30</sup> Thus, Satir encourages and often prods the members of the family to function more fully. For example, she "waits for the parents to do the controlling"<sup>31</sup> of the children. In this manner, she forces the parents to act responsibly and she is able to observe the interaction of the family.

The therapist, according to Satir, should give hope to the family and build self-esteem. As she writes, the "therapist makes constant 'I value you' comments along the way."<sup>32</sup> Satir appears to be able to encourage the family members to try harder when she praises their abilities.

In her attempt to demonstrate that the Identified Patient is not to be singled out, Satir states that the therapist "never sees the I.P. and his parents alone...."<sup>33</sup> This precludes support of the assumption that the Identified Patient is the root of the family's trouble. In her approach, any meeting with a member(s) of the family is reported back to the family which is the operational group.

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<sup>29</sup>Ibid., p. 91

<sup>30</sup>Ibid.

<sup>31</sup>Ibid., p. 139.

<sup>32</sup>Ibid., p. 164

<sup>33</sup>Ibid., p. 167

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### John Bell

Turning to Bell, let us look at some of the salient aspects of his approach. He is less flexible in his treatment plan. For example, he usually meets once a week in a more regular fashion than Satir. Bell meets with the parents first in an "orientation" interview. Then, he has a second orientation interview with the whole family. He is more systematic in his presentation of the "stages" of his approach than Satir. He lists six stages in the following manner:

1. The treatment begins with an orientation phase. Two orientation interviews are held: one with the parents alone...; and the other with the whole family present....
2. Treatment proceeds into a child-centered phase.
3. The parent-child interaction emerges next.
4. The center of therapy shifts to the father-mother interaction....
5. As the parents approach resolution of their difficulties, emphasis gradually shifts to the sibling interaction....
6. Finally, we observe what has been called the family-centered phase.<sup>34</sup>

In the initial interview, the therapist, according to Bell, establishes a firm relationship with the parents. Also, he gets an understanding of their view of the "presenting problem" and discusses the mode of therapy with them. The parents are asked to allow their children to

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<sup>34</sup>Bell, op. cit., p. 4.

talk freely during the early sessions so that the children will be able to feel that they have a voice in the sessions. While Satir includes four year-old children, Bell includes no one younger than nine years of age. Bell states his rationale for this decision when he writes: "I speculated that the children would need to be 9 years of age or older, on the assumption that children younger than 9 might not be able to verbalize easily their insights into their own difficulties and the situations of their family."<sup>35</sup> Bell's style includes the following points: the therapist is somewhat of an outsider, a "referee" or "umpire" and he allows the children at the outset to "make demands" of their parents. Bell does succeed in the promotion of an aggressiveness in feeling and actions on the part of the children. In the second sessions, the main purpose is to establish a firm relationship with the children. Unlike Satir, who may set the number of interviews for therapy, Bell leaves the "end-setting" up to the family. Bell states clearly that the family should make this decision as a part of their learning how to function together in decision-making. Bell believes that this is important in the facilitation of growth in the family.

The primary intent of the therapist is to accomplish a modification of the functioning and structure of the family as a group. It is assumed that as a consequence modifications will be effective secondarily in the situation of individuals within the family. The

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<sup>35</sup>Ibid., p. 2.

method of therapy emerges, then, from one basic assumption differentiating it from individual therapy: the family is the unit to be treated.<sup>36</sup>

That last statement, "the family is the unit to be treated" is the focus for John Bell and other family therapists. He states the crux of the matter for family therapy in another matter when he writes cogently:

The hypothesis that lies behind the therapy for both child and parent in the traditional clinic, namely, that where there is a disturbed child there are disturbed parents, is reinterpreted. The hypothesis is now made that where there is a disturbed child there is a disturbed family. This leads to a series of theoretical consequences culminating in the conclusion that all members of the family contribute to the disturbance.<sup>37</sup>

Bell observes in a letter that "The counselor who becomes too intensively preoccupied with a single individual in the presence of the total family group is oversimplifying his task."<sup>38</sup> Let us turn our attention now to a therapist whose style differs markedly from Satir and Bell.

### Savador Minuchin

Minuchin represents a "task oriented family therapy."<sup>39</sup> The goal is to help the family members to learn new patterns of response to familiar tasks. Minuchin states that the therapist "selects one area of

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<sup>36</sup>Ibid., p. 4.

<sup>37</sup>Ibid.

<sup>38</sup>Quotation from a letter from John E. Bell to the author dated January 5, 1970. Used by Permission.

<sup>39</sup>Minuchin, op. cit., p. 5.

conflict between some members of the family and addresses himself to these members, pointing out the nature of the conflict and their usual pattern in dealing with it."<sup>40</sup> The therapist asks the family members to continue dealing with the problem. However, he suggests some changes in the interaction. Then, he takes the other members of the family outside the room where he and they observe the interaction through a one-way mirror. At certain points, he may instruct one of the observers to go into the room and interpret the behavior of those who are in the room. Minuchin gives the following illuminating illustration of this model of family group therapy.

For example, the B. Family, which has been in treatment for six months, consists of grandmother, mother and her five children. Symptomatology included three delinquent children and a suicidal mother with a history of three hospitalizations. The grandmother assumed all parental roles and relegated mother to the role of older sibling. The grandmother was asked to observe how the family functioned in her absence. In the observation room, she looked impatient when one of the children began to drum on a chair while mother was talking to another sibling. The grandmother voices her impatience to the therapist, pointing out that she would have stopped it right there. Some minutes later, the mother addressed herself to the child by engaging him with a question about his schooling. The therapist could then point out to the grandmother how her always being two minutes ahead of her daughter left her daughter unemployed as a mother.<sup>41</sup>

This illustrates vividly the rationale of family group therapy. The focus upon the "here-and-now" in the actual situation of interaction is central.

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<sup>40</sup>Ibid.

<sup>41</sup>Ibid., p. 12.

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Thus, the therapist and client are not "talking about" the situation which happened in the past. Instead, they are looking at the nature of the present interaction. Also, it is clear that Minuchin's role is described in Ackerman's statement about the family therapist. "The role of the therapist is not that of an emotionally neutral person, nor at all that of a passively behaving clinician. It is an active role."<sup>42</sup>

Another vital contribution of Salvador Minuchin's family group therapy focuses on the socio-economic level of many of his clients. His task-oriented family therapy has been shaped by his involvement with lower income groups. Indeed, he writes that "A technique of family therapy adapted to this population must therefore actively frame interpersonal transactions around clearly focused issues and direct the attention of the participants to the nature of their mutual impingement."<sup>43</sup> In contradistinction to Satir and Bell, Minuchin always meets first with the entire family. He observes the interaction and gets a diagnostic picture of the transactional patterns. He selects one area of conflict and discusses this area with the members of the family who are involved. Periodically, he will film sessions so that the participants can observe

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<sup>42</sup>Ackerman, "Emergence of Family Psychotherapy...", p. 244.

<sup>43</sup>Salvador Minuchin, et al. "An Approach For Diagnosis of the Low Socio-Economic Family," Psychiatric Research Report, (February, 1966), 14.

themselves. A key insight into Minuchin's style of family group therapy is the idea that "people can learn not only from a clear awareness of their neurotic conflicts but also by the mastery of alternative solutions to conflicts."<sup>44</sup> Thus, the suggestions of alternatives are made by the observers who include Minuchin and the other members of the family. The goal of the therapist, according to Minuchin, is to "enter into the family system and modify the family structure...."<sup>45</sup> Next, let us look at a style of family group therapy which is based upon a psycho-analytic perspective.

#### Martin Grotjahn

The family group therapy of Martin Grotjahn revolves around a psychoanalytic base. Thus, Grotjahn uses family therapy less frequently than Satir, Bell and Minuchin. Indeed, when he discusses therapy with couples, he states clearly:

I do not see any special reason to analyze marriage partners concurrently. The marginal interviews of the secondary patient should suffice. If his neurosis is severe enough to demand analysis, transfer to another analyst is probably advisable.<sup>46</sup>

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<sup>44</sup>Ibid., p. 15.

<sup>45</sup>Minuchin, "Family Structure....," p. 14.

<sup>46</sup>Martin Grotjahn, Analytic Family Therapy (New York: Grune and Stratton, 1959), p. 100.

Therefore, Grotjahn differs markedly from the other three family group therapists who affirm that the family is the unit to be treated. Nevertheless, Grotjahn states that "Experimentation with family treatment is one of the most promising current variations of psychoanalytic technique."<sup>47</sup> In spite of the tenor of his remarks based on the view of an "Identified Patient," he writes that "The family is the patient's extended body, his extended conscious and unconscious."<sup>48</sup> Martin Grotjahn's reflection about the new way of looking at the causes and perpetuation of neuroses is stated succinctly in the assertion that "Many workers in the field of family research have found that the greatest obstacles to progress are based on physician's preconceived ideas that they must treat an individual patient, rather than a group of patients."<sup>49</sup> This statement is almost an autobiographical insight into Martin Grotjahn's transition from the individual psychoanalytic model as "the" mode of therapy to the belief that groups are a viable mode of therapy as well. His statement of the view of "family neuroses" is stated in the following succinct sentence:

Analytic psychotherapy of the family neurosis is based on an important insight: a person's neurosis may be anchored to a large extent in a complementary neurosis, involving his marriage or his family.<sup>50</sup>

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<sup>47</sup>Grotjahn, Psychoanalysis And The Family Neuroses, p. 160.

<sup>48</sup>Ibid., p. 179.

<sup>49</sup>Ibid., p. 194.

<sup>50</sup>Ibid., p. 282.

Thus, Grotjahn agrees with Ackerman that "Mental illness limited to a single member of a family group is a rarity. More often than not there are multiple illnesses."<sup>51</sup> Psychoanalytic technique is today not any longer a single entity. It is clear, however, that Grotjahn believes that a deeper level of reliving the childhood is possible in the psychoanalytic relationship than in the group setting. Thus, he maintains that psychoanalytic therapy is the preferred treatment for the resolution of deeply entrenched psychoneurotic symptoms.

#### Boszormenyi-Nagy and Framo

Another approach to family group therapy is the approach of Boszormenyi-Nagy and Framo. These therapists use "therapy teams" rather than a single therapist. Satir states that she sometimes uses a co-therapist. Minuchin usually uses a co-therapist. The team model is always used in "Intensive Family Therapy." One facet of their style is the attempt to have a male and female therapist as co-therapists in the family group setting. In Boszormenyi-Nagy's approach, families are usually seen for approximately one hour once a week in a room which permits circular seating in comfortable chairs. The room is equipped with a microphone and a one-way mirror. Boszormenyi-Nagy affirms the

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<sup>51</sup>Ackerman, The Psychodynamics of Family Life, p. 91.



basic presupposition of family group therapy when he writes that he believes the following:

When something goes wrong in the family, it is almost impossible to counsel with one member apart from the other members because the difficulty lies not simply with one emotionally distressed person. It lies between the members themselves: in the splits, barriers, and feelings of isolation gathered between them.<sup>52</sup>

Boszormenyi-Nagy and Framo are quite flexible in their approach. If individual therapy would be more advisable, then such therapy is used. Framo states the reason for their continuing use of family group therapy when he writes the following:

Despite every theoretical reason why family therapy should not work, we who have been doing it have developed an inner conviction that it does work for most families and that it has an even greater potential for becoming more effective as more is learned.<sup>53</sup>

Thus, Framo states a clear pragmatic rationale for their utilization of family group therapy.

### Other Approaches

Let us turn our attention briefly to two other varieties of family group therapy. They illustrate techniques which may have some

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<sup>52</sup>Ivan Boszormenyi-Nagy, "Intensive Family as Process," in Ivan Boszormenyi-Nagy and James L. Framo (eds.) Intensive Family Therapy (New York: Harper & Row, 1965), p. 97.

<sup>53</sup>James L. Framo, "Rationale and Technique of Intensive Family Therapy," in Ibid., p. 205.

relevance to the pastoral counselor. One approach is called "Multiple Impact Therapy." This method employs a team of therapists. Indeed, "There is at least one team member for every person in the family group."<sup>54</sup> The family spends only two days in family group sessions. The end-setting creates an atmosphere in which the necessity of rapid progress is clear. Flexibility is a part of this style which has been used by the Youth Development Project at the University of Texas Medical Branch in Galveston, Texas. All family and non-family members can be brought into the sessions. Another approach is "An Extended Home Visit With Conjoint Family Therapy" which Hansen employs. She lives with a family for one week and attempts to make changes in the interactions of the family system by identifying with that system more closely by living with the family.

The method of all of these approaches to family group therapy focuses upon the effect of the family unit upon the various members of the family system. The role of the family therapist is quite active. Sproakowski and Mills state that there are two components in all the role variations of the family therapists:

- (1) an approach to each person that tends to enhance his self-esteem and affirm his uniqueness as an individual, and (2) an approach geared to the whole family that avoids entangling

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<sup>54</sup>Bert Kruger Smith, "A Family Grows" (Hogg Foundation for Mental Health, 1959), p. 13.

alliances and transference problems, and views all symptoms, defenses, and resistances as family phenomena.<sup>55</sup>

The approaches differ. However, the central assumption of the complementarity of neuroses and health within the family underlie the therapy utilized by all the family group therapists.

### EVALUATION OF METHODOLOGIES

The following evaluation of the above-mentioned therapeutic techniques is central to this study. The author will first make a general evaluation and then look at the assumptions of man which are made by the family group therapists.

#### General Evaluation

Satir is the most flexible in her methodology. Indeed, her situational approach provides the base for moving in many directions in terms of setting, number of family participants, the degree of involvement on the part of the therapist, and the length of the sessions. Satir's role as the "expert" is a positive approach due to the confidence which family members must have in the therapist. However, the author prefers Minuchin's approach when he becomes a teacher of experts. The

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<sup>55</sup>Michael J. Sporakowski and Paul R. Mills Jr., "What's It All About? An Overview of Family Therapy," Family Coordinator, XVIII: 1 (January, 1969), 66.

experts are the other family members who teach their own family members new ways of relating. Satir does all of the explaining about family communication herself to the entire family unit. An excellent facet of Satir's approach is that she starts where the family is and allows the methodology to evolve from the particular situation. This appears preferable to the "stages" of John Bell which are already in Bell's mind when he functions as a family therapist. When Satir asks the question "what hurts in the family?" she is helping the family to think of itself as a unit and to see the pain as family pathology. The "family life chronology" also helps the family to perceive its organismic unity and to think of its history--good and bad. She is able to synthesize the educative, confrontational, and empathetic "being there" as a therapist-teacher. Above all, Satir is there as a person actively engaging with other persons in the discovery of the health and pathology of the family system.

Bell maintains vigorously that the six stages in his approach to family group therapy come out of the natural flow of therapy. It appears to the author that the stages are superimposed by the therapist. Bell's method lacks the spontaneity of Satir's approach. He writes that "The goal of treatment is better understanding and communication among all members of the family."<sup>56</sup> Nevertheless, it appears to the author

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<sup>56</sup>Bell, op. cit., p. 14.

that Bell's secrets (e.g. therapist with parents in "Stage one") do not allow the therapist to be the model of such straight communication. It appears too manipulative. This does not seem to the author to be necessary to the therapeutic process. The author believes that the process of setting the length of therapy by the parents is a positive idea. It helps to foster independence from the therapist and also helps the family to attempt to accomplish their goals during the time span of therapy.

When Minuchin sends family members into the counseling room in order to alter the family interaction, he is helping the family members to become teachers, and, he becomes a teacher of teachers. This is the most appealing facet of his methodology to the author. His approach is most helpful to lower income groups since it is less dependent upon the insight of the group members than some other methods and involves more variety of setting than sitting around in one circle.

It appears to the author that Grotjahn differs from all the rest of the family therapists who are used in this chapter at a very critical juncture. His continuing primary adherence to the psychoanalytic one-to-one model sets him apart from the others. Thus, he employs the "one-to-one style" mentioned earlier in the chapter. He perceives the family group methodology as a secondary approach while the other family therapists consider the family as the primary unit for treatment. When Grotjahn describes pathology which is limited to one member of

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the family as a "rarity," he is violating a cardinal assumption of family group therapists as defined in this study. When Grotjahn says that a "person's neurosis may be anchored to a large extent in a complementary neurosis involving his marriage or his family," (quotation on p. 32), he is radically differing from the other family therapists. It is the assumption of the other family group therapists (in this study) and the author that such a neurosis is always linked to the family or marriage interactions. His belief that a deeper level of reliving the childhood is possible in the psychoanalytic relationship than the group setting is usually correct. However, the author believes that there are situations in which family group therapy is preferable. Thus, the author doubts that Grotjahn is a family group therapist in the strict definition of that term. Instead, he does individual therapy in the context of the group.

"Multiple Impact Therapy" is an important step towards the synthesis of the concerns of Grotjahn and the other therapists. The provision of individual therapists for each family member is combined with an attempt to treat and perceive the family as a unit. Also, the short-term approach provides an important impetus to "work" on the family problem. A positive aspect of this methodology is the utilization of a male and female therapist in the family sessions.

The author believes that one of the most heartening aspects of family group therapy at the present time is the experimentation with new

methods. Hansen's approach is especially interesting to the pastor who serves as a counselor to the family unit. Her impression that access to the home is a help to understanding of the dynamics of the particular family in therapy fits the situation of the pastors who have access to the homes of their family members.

### Evaluation of the Assumptions About the Nature of Man

Another central element of the pastoral counselor's concern is the assumptions about the nature of man in the various family group therapies. In the implementation of the mission of the church, it is vital that the pastoral counselor does not utilize a methodology which precludes the integrity of means and end.

During the first fifty years of this century, psychology seemed to be moving toward a materialistic, mechanistic, reductionistic view of man. Rogers <sup>57</sup> is one who has come out in strong protest against such a view. In a debate with Tillich he stated to Tillich:

The importance of self-affirmation: I think that would be one area where we agree. Then I have been much impressed with your thinking about the courage to be, because I see that in psychotherapy; the courage of being something, the risk that is involved in being... I've also liked your phrase about the anti-moral act as being one that contradicts the self-realization of the individual, and it seems to me

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<sup>57</sup>Paul Tillich and Carl Rogers, "A Dialogue," Pastoral Counseling, (February, 1968), 55.

both of us are trying to push beyond some of the trends that are very prominent in the modern world; the logical positivistic, the ultra-scientific approach; the stress on the mechanistic and highly deterministic view which, as I see it, makes man an object.

Rogers affirms the essential goodness of man. Tillich holds forth for the demonic as well as the good within man.

Pattison claims that "Gordon Allport and A.H. Maslow have been called the last of the comprehensive personality theorists."<sup>58</sup> Both of these men see great potential in the human being for growth and "self-actualization" (Maslow). Pattison states that "...they follow a naturalistic assumption that man is neither good nor evil, but merely an organism to be described by his behavior without evaluation."<sup>59</sup>

The experimentalistic approach defines man in terms of his fundamental biological components and makes personality a product of environmental conditioning. The existentialists have helped the search for the essential humanity of man's experience. Also, they have increased man's awareness of a human being's tremendous potential for "good" and "evil." The polarities of man's nature are recognized.

Having stated briefly some of the views about man, let us look at the family group therapists. All of them refuse to accept the orthodox

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<sup>58</sup>Mansell Pattison, "Contemporary Views of Man in Psychology," Journal of Religion and Health, (July, 1965), 357.

<sup>59</sup>Ibid., p. 58.

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Freudian view which traces mankind's emotional problems to the first formative years of life and minimizes the subsequent influences on the psyche. The family group therapists do not define human unhappiness as something forever fixed in the procession of social and environmental interactions which occur all along the human course. Nevertheless, they view the early years as the most formative years for an individual's character. The organismic character of the interdependence of the family has been discussed previously. This sense of man-in-community is integral to the Christian view of man. It appears to the author that the family group therapists who are studied most explicitly in this paper take seriously the potential for good and evil in man. In the family group methodologies of Bell, Satir, Framo and Boszormenyi-Nagy, Grotjahn, and Minuchin, Freud's emphasis upon the id, or man's instincts has yielded to ego psychology. The assertions concerning family group therapists will be limited to the above-mentioned group. Nevertheless, most of the assertions will describe all family group therapists.

Satir states succinctly an assumption concerning man which is shared by all of these family therapists when she states that "... all breathing human beings can change."<sup>60</sup> She states "There are no

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<sup>60</sup>Satir, Tape recording.

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untreatable people."<sup>61</sup> She is not stating that there are no differences in the potential changes in people. The author questions the potential of a human being to achieve "maturation" according to Satir's definition of the term. She states that maturation is "the state in which a given human being is fully in charge of himself."<sup>62</sup> In the process of her therapy, Satir demonstrates that such a goal is never fully realized by anyone. In the Christian tradition, the assertion of man's finitude would preclude the belief that such a "maturation" is possible. However, the view of great possibilities of man is inherent in the Christian tradition. Nevertheless, it does need to be placed in the context of the Christian view of man which Reinhold Niebuhr points to when he writes about "the paradox of claiming a higher stature for man and of taking a more serious view of his evil than other anthropology."<sup>63</sup> Tillich speaks to this reservation about man's goodness which is found in the Christian understanding of man when he states the following:

Therefore, I don't believe in the power of the individual to use his freedom in the way in which he should--namely, fulfilling one's own essential possibilities, or essentialities....<sup>64</sup>

Tillich's statement is too negative from the author's point of view.

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<sup>61</sup>Ibid.

<sup>62</sup>Ibid.

<sup>63</sup>Reinhold Niebuhr, The Nature and Destiny of Man (New York: Charles Scribner's Sons, 1949), p. 18.

<sup>64</sup>Tillich, op. cit., p. 57.

However, both Tillich and Niebuhr are necessary correctives to a naive view of man's essential goodness which is not balanced by a realization of his propensity for evil. In short, the pastoral counselor can combine the treatment methodology of family therapy with an affirmation of man as both "saint" and "sinner." In other words, the two sides of man need to be realized. Increasingly, the author is becoming convinced that Tillich's statement minimizes the potential for human growth. The author believes that a naive idealism is no more accurate theologically or psychologically than the determinism of Freudian psychoanalysis or Calvinistic theology. Certainly, central to the Christian view of man is the inherent self-worth of every individual. Virginia Satir's "I value you" statements are most appropriate to the view of man as one who is to be valued as a human being who finds the basis for his self worth in his sonship to God. Thus, one needs to recognize man's finiteness while affirming the tremendous worth and potential for change in the individual and family units. Family group therapy seems to be based upon such a view of the nature of man.

Satir's utilization of the "family life chronology" is congruent with the radical historicity of the Judeo-Christian tradition. When she reminds the family that<sup>65</sup> "... I am sure that at one time this family had

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<sup>65</sup>Satir, Conjoint Family Therapy, p. 2.

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better times," she is stating that they are historical beings in a system which has a history. This precludes an a-historical view of man which is non-Christian.

The author questions seriously Bell's use of the "child-centered stage." This second stage of his therapeutic model appears to be highly manipulative. As mentioned previously, Bell and the parents agree to "allow" the children to make demands on the parents. The children are not aware that such a contract has been made. It appears that Bell's assumption that these means justify the end should be questioned. The Christian assumption about man precludes the use of the child as a "thing." In short, to employ an "I-It" focus in order to achieve an "I-Thou" relationship is not acceptable in therapy if one is consistently attempting to model his beliefs and a therapeutic style of honest relationships. Such relationships are integral to Bell's avowed methodology. Bell wrote in a letter that "I am no philosopher, but have an intuitive sense that no single definition of man is adequate for an analysis of his nature."<sup>66</sup> The author agrees with this statement. However, it does appear that the Christian understanding of man raises serious questions about the second stage of Bell's model. The author disagrees with such a regimentation and would prefer to endorse the variations of flow in

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<sup>66</sup>Taken from a letter to the writer dated January 5, 1970. Used by permission.

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family group therapy which emerge out of the particular situation. It appears to the author that Bell stereotypes the process of family interaction. Thus, he does two things: (1) he assumes a predictability of the process, and (2) he influences the process by his method. The author questions the propriety of having "stages" at all when one is in relationship with other human beings in the family situation.

Another assumption about man in family group therapy is its emphasis upon the "scapegoat" (Satir) phenomenon. Again, the refusal to allow one person to become the "Identified patient" or "Scapegoat" is central to the Christian view of man in relationship to others. It is inherent in the idea that a person should be treated as a person and not a thing. Instead, the person is one who is able to take the responsibility and onus of his own contribution to the family's pathology.

Once one realizes the limitations to change in the human being, i.e. man is finite, the emphasis upon change through family group therapy is congruent with the Christian tradition. "Newness of life" is the goal for man in family group therapy and the Christian focus on man's needs.

Family therapy does avoid the problem of reductionism of man to a biological-psychological organism or a reductionism which limits man to a merely spiritual existence. The pastoral counselor should let his theological view of man inform his assumptions about man in family

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group therapy. This will preclude the naive idea that psychotherapy will guarantee some perfect kind of society. As Niebuhr points out, such a view "... fails to do justice either to the unique freedom of man or to the daemonic misuse which he may make of that freedom."<sup>67</sup> Although the family group therapists do not state fully a view of man which would subscribe to man's complete goodness, the pastoral counselor needs to retain his perspective as theologian in the family counseling situation. Then, one will not see the family members as machines which can be programmed for "mature" functioning. Instead, the pastoral counselor will recognize the many impulses towards health and malfunctioning as part of the "given" of existence.

### SUMMARY

The author has attempted to present both the rationale and methodology of family group therapy. An evaluation has been made of the approaches of the family group therapists who are treated in this chapter. Let us turn our attention now to the parish church and family therapy.

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<sup>67</sup>Niebuhr, op. cit., p. 24.

## CHAPTER III

### THE PARISH CHURCH AND FAMILY THERAPY

This chapter contains a discussion of the relationship of family group therapy to the parish church. We shall look at the relevance of the family therapy methodology to the implementation of the function of the parish church. In order to place the function of the parish church and family group therapy into perspective, we shall discuss some changes in family life styles which are a part of the present milieu. The relationship of pastoral counseling and theology will be discussed. Then, the study will focus upon the pastor in a parish church and the utilization of family group therapy in that setting. The purpose is to perceive whether family group therapy is relevant to the function of the parish church.

#### CHANGING FAMILY LIFE STYLES

As the church ministers to family units, it necessarily functions in the context of changes in family life styles. If the pastoral counselor utilizes family group therapy, he must have a grasp of the transition in family life styles. Strict adherence to one style of family life as the

"Christian" modus operandi is not a viable option for the church which is attempting to minister to family units.

It appears to the author that the pastoral counselor needs to be aware of the tensions that are challenging traditional family life styles. Otherwise, his employment of family group therapy may fail to facilitate communication. If he is not open to the issues mentioned in the following discussion, he is likely to identify with those members of the family who endorse only traditional family life styles. In this manner, he will preclude rapport with other family members.

Satir states that marriage should be a five-year contract subject to either renewal or cancellation. She believes that persons contemplating marriage should go through an apprentice period to test their compatibility "because such important learning is now denied them in an effort to preserve the fiction of chastity."<sup>1</sup> She states that "a social emphasis should not be placed on maintaining chastity at all costs but on sincerity, mutual concern and responsible mate selection."<sup>2</sup>

Increasingly such issues as divorce, self-determination in the choice of a mate, lessening dominance of males, increasing number of

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<sup>1</sup>Virginia Satir, Los Angeles Times (November 29, 1968), Part V, p. 14.

<sup>2</sup>Ibid.



wives in the labor force, smaller families, changing attitudes toward sexual behavior, abortion, leisure time, increased education, and mobility are affecting the life styles of families. Luce perceives one effect of the sexual revolution when she states:

But the young woman knows, even if her parents do not, that the contraceptive revolution has challenged the most ancient concepts of the very nature of woman herself, and left her in a state of bewilderment and uncertainty about her proper role in society. The contraceptive revolution, even more than the Industrial Revolution, has given her an "identity problem."<sup>3</sup>

The psychodynamics of the family are such that the family has an identity problem. Bettelheim states clearly this aspect of the changes in the milieu which are affecting family life when he writes that about a decade or so ago:

There was neither time, nor occasion, nor leisure for questioning one's place in society, for adolescent revolt. Nor was the other precondition present: the higher education that permits an objective detachment from the traditional fabric of society. Youth was too caught up in the struggle to feed himself and his family.<sup>4</sup>

Increasingly, the cost of children has become a factor in the size of families. Whereas several decades back, the child labor provided income for the family, the modern youth may produce little income until after graduation from graduate school. This factor leads Myrdal to write

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<sup>3</sup>Clare Booth Luce, "The Woman's Role: The Quietest Revolution of All," (Pomona) Progress Bulletin (March 9, 1969), 1.

<sup>4</sup>Bruno Bettelheim, The Children of the Dream (London: Collier Macmillan, 1969), p. 55.

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that "The most luxurious of all consumption in our economic system is that of children and mothers, namely, the luxury of unproductivity."<sup>5</sup> Among the issues raised in our culture is the requirement that there be a reason for assumptions about family life styles which were previously taken for granted.

Having stated these convictions about the present milieu, let us look at the function of the church. We shall attempt to specify the role of the parish church in our culture.

### THE CHURCH

Nelson states that "Every person having even a modicum of information about contemporary theology knows of the formidable emphasis upon the concept of the church."<sup>6</sup> Some pastors feel that theology is irrelevant to pastoral care and counseling and attempt to make a bifurcation of the two areas. It is the contention of the author that there is no such thing as pastoral counseling outside of the context of the Christian community and its heritage. Thornton states explicitly:

My experience has led me to the position that theology is decisive in trying to answer the questions that emerge from counseling. On

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<sup>5</sup>Alva Myrdal, Nation and Family (New York: Harper & Brothers, 1941), p. 59.

<sup>6</sup>J. Robert Nelson, Criterion For The Church (Nashville: Abingdon Press, 1962), p. 13.

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the other side, reflection upon my experience with people in crises stimulates, corrects and illuminates my understanding of the faith.<sup>7</sup>

This states the dialogic function of the two areas of theology and pastoral counseling. Let us look at the mission of the church.

### The Mission of the Church

Niebuhr succinctly describes the foundation of the Christian church when he writes the following:

The church is not only the human community directed toward the divine reality; its uniqueness lies in its particular relation to that reality, a relation inseparable from Jesus Christ. It is related to God through Jesus Christ, first in the sense that Jesus Christ is the center of this community directed toward God; the church takes its stand with Jesus Christ, before God and knows him, though with many limitations, with the mind of Christ. Secondly, in that situation there is made available to it, or revealed to it, a characteristic and meaning of the Object--the divine reality--unknown from other perspectives, namely, the reconciling nature and activity of a God who is Father and Son, and also Holy Spirit.<sup>8</sup>

This statement sets the boundaries which define the Christian community. It also states cogently the necessity of the thorough integration of psychology and theology in pastoral counseling. Niebuhr continues to state:

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<sup>7</sup>Edward E. Thornton, Theology and Pastoral Counseling (Englewood Cliffs: Prentice-Hall, 1964), p. 161.

<sup>8</sup>H. Richard Niebuhr et. al. The Purpose of the Church and Its Ministry (New York: Harper & Brothers, 1956), p. 20.

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...it is inadequate and misleading to define the church and the Object on which it depends in terms of Jesus Christ alone. It is indeed the Christian Church, but as the Church of Jesus Christ it is primarily a Church of God and so related to, while distinguished from all other communities related to the ultimate.<sup>9</sup>

This states the necessity of a clear understanding of the relationship of the Christian tradition to other religious traditions. One definition of the central aim of the church is that which is chosen by H. Richard Niebuhr when he writes that "...no substitute can be found for the definition of the goal of the Church as the increase among men of the love of God and neighbor."<sup>10</sup> Stated by the words ascribed by the church to the one called Jesus the Christ, we read:

And one of them, a lawyer, asked him a question, to test him. 'Teacher, which is the great commandment in the law?' And he said to him, 'You shall love the Lord your God with all your heart, and with all your soul, and with all your mind. This is the great and first commandment. And the second is like it. You shall love your neighbor as yourself. On these two commandments depend all the law and the prophets.'<sup>11</sup>

Thus, it seems to the author that the mission of the church is to help people to implement the two-fold focii: Love of God and man.

### Psychotherapy and the Function of the Church

If one accepts that the goal of the church is the <sup>12</sup> "increase

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<sup>9</sup>Ibid., p. 21.

<sup>10</sup>Ibid., p. 31.

<sup>11</sup>Matthew 22: 35-40.

<sup>12</sup>Niebuhr, op. cit., p. 31.

among men of the love of God and neighbor," then the crucial question revolves around the implementation of that goal in the world. Let us turn our attention specifically to the roll of the psychotherapeutic endeavor in the function of the church as it attempts to fulfill its mission. Oden provides insights into both the justification and the necessity of the utilization of the psychotherapeutic methodology as a vital implementation of Christian "concern." While pointing to its ontological base, Oden perceives a dynamic extension of the incarnation through the role of the therapist. The author refuses to accept the bifurcation of the sacred and secular in such a process. Thus, psychotherapy is the concrete application of the Christian concern which has "come-of-age." Oden makes a significant statement when he writes that he believes:

It is ironic that at a time when the parish minister and the practicing psychiatrist seem to be on the most cordial terms in recent times, the theological disciplines seem increasingly withdrawn from hard-headed dialogue with the new dimensions in psychiatry and psychotherapy.<sup>13</sup>

Oden clearly demonstrates that psychotherapy incarnates love of neighbor based on the ontological frame of reference. He writes the following about the therapist: "Insofar as he is effective, he mediates an accepting reality present in life itself, he embodies the offer of a

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<sup>13</sup>Thomas C. Oden, Contemporary Theology and Psychotherapy (Philadelphia: Westminster Press, 1967), p. 10.

relationship which says, 'you are loved despite your lovelessness.'<sup>14</sup> This illustrates vividly the point of intersection of the central concern of the Judeo-Christian faith ("the sacred") with the central concern of psychotherapy ("the secular"). Here is incarnation in its most radical and concrete form. Oden presents a clarification of a means (psychotherapy) which is instrumental in guiding a person toward the end of Christianity. Oden clarifies the relationship of psychotherapy to the mission of the church when he states that the "church may lapse into uncritical absorption of psychotherapeutic methodology so that its distinctive witness is eclipsed and it appears to the world as merely another form of psychologism."<sup>15</sup> At this point, Oden is raising a salient issue in the employment of psychotherapeutic methodologies by the pastoral counselor. The seductive qualities of new methods, including family group therapy, need continually to be criticized in light of the central goal of the church: the increase of the love of God and neighbor.

Theology has learned much from psychotherapy. Tillich has argued that pastoral counseling and psychotherapy have "profoundly" influenced the idea of God. In one passage he wrote:

One can say that psychotherapy has replaced the emphasis on the demanding yet remote God by an emphasis on his self-giving

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<sup>14</sup>Ibid., pp. 129-130.

<sup>15</sup>Ibid., p. 111.

nearness. It is the modification of the image of the threatening father--which was so important in Freud's attack on religion--by elements of the image of the embracing and supporting mother. If I were permitted to express a bold suggestion, I would say that psychotherapy and the experiences of pastoral counseling have helped to reintroduce the female element, so conspicuously lacking in most Protestantism, into the idea of God.<sup>16</sup>

Thus, psychotherapy aids the mission of the church not only through a relationship-centered focus on persons but also through its influence upon theological thought itself. It is at this point that the basis for the implementation of the mission of the church through psychotherapy becomes more apparent. Increasingly, psychotherapy is including the element of confrontation. Confrontation is integral to the function of the church and inherent in the term "acceptance" as used in this chapter. Browning states the ground for acceptance succinctly :

Therapeutic acceptance can be affirmed as symbolizing the divine only when it can transcend itself and become transparent to the ground of being which includes and undergirds the life of both client and therapist.<sup>17</sup>

Browning perceives clearly the synthesis and interdependence of the two areas: theology and the psychotherapeutic posture.

Oden writes that "...effective psychotherapy mediates and

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<sup>16</sup>Paul Tillich, "The Impact of Pastoral Psychology on Theological Thought," Pastoral Psychology, Vol. 19, (February, 1968), 50.

<sup>17</sup>Don Browning, "Analogy, Symbol, and Pastoral Theology in Tillich's Thought," Pastoral Psychology, Vol. 19, (February, 1968), 50.

embodies the unconditional acceptance and understanding love present in being itself, which Christian proclamation announces as a once-for-all event in Jesus Christ. Without this mediation and embodiment, psychotherapy simply does not work."<sup>18</sup> This demonstrates the realization that psychotherapy is full acceptance of our acceptance which is rooted in the Christ-event, the One-for-us. Thus, the therapist can find an acceptance for his authenticity in the Christ, "a relationship in which one is loved, known, and understood."<sup>19</sup> This frees him to incarnate, partially, such acceptance for others. Thus, the focus for the implementation of the mission of the church can be largely found in this mediation of acceptance.

The nontheistic psychotherapist may respond with sensitivity to Oden's belief that ultimate concern is rooted in "Ultimate Concern" (Tillich) without the necessity for belief in long, sometimes irrelevant, theological statements. Oden combines these two possibilities when he states:

...if the therapeutic process is able to nurture authentic existence without the church's proclamation being heard, this does not mean that Jesus Christ is not at the center of things....<sup>20</sup>

For too long, many have been concerned that some form of the "institutional church" be at the center of things. However, Christ's presence

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<sup>18</sup>Oden, op. cit., p. 19.    <sup>19</sup>Ibid., p. 119.    <sup>20</sup>Ibid., p. 22.



can not be confined to the structures of the institutional church. Miller negated grandiose statements about the church when he wrote:

...the energies of the spiritual realm are not susceptible to any ecclesiastical monopoly, and...God moved through men's hearts and minds before He moved through the church.<sup>21</sup>

### The "Body of Christ"

A central concept in the description of the church is "the body of Christ." The image of the "body of Christ" stresses the organic character of the relation between Christ and his church. Also, the organic relationship of the members of the church with one another is described in Paul's use of the term. The body is an organic unity which cannot be divided without damage to the whole. It appears to the author that the "body of Christ" has the two foci: relationship to God and neighbor which constitute the foundation for the mission of the church. The Pauline use of the phrase "the body of Christ" (τὸ σῶμα τοῦ Χριστοῦ) is crucial. It is used both to describe the Eucharist and the church. The exegesis is difficult. The English word "body" has several commonplace meanings. For example, these include "corpse" and "living person." Both of these meanings are present in the Greek word ~~σῶμα~~. Furthermore, the Greek world was familiar with the use of the body-concept

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<sup>21</sup>Samuel H. Miller, The Life of the Church (New York: Harper & Brothers, 1953), p. 19.

in both Stoicism and Gnosticism. This word would also mean "slave" and it was used figuratively to illustrate the organic principle. For instance, Plato makes Glaucon admit to Socrates that the best ordered State is like a ~~body~~ in the following statement:

And is not that the best-ordered State in which the greatest number of persons apply the term "mine" and "not mine" in the same way to the same thing?

Quite true.

Or that again which most nearly approaches to the condition of the individual--as in the body, when but a finger of one of us is hurt, the whole frame, drawn towards the soul as a centre and forming one kingdom under the ruling power therein, feels the hurt and sympathizes all together with the part affected, and we say that the man has a pain in his finger; and the same expression is used about any other part of the body, which has a sensation of pain at suffering or of pleasure at the alleviation of suffering.

Very true, he replied; and I agree with you that in the best ordered State there is the nearest approach to this common feeling which you describe.<sup>22</sup>

Paul states the same dynamic in the following pericope:

But God has so adjusted the body, giving the greater honor to the inferior part that there may be no discord in the body, but that the members may have the same care for one another. If one member suffers, all suffer together; if one member is honored, all rejoice together.

Now you are the body of Christ and individually members of it.<sup>23</sup>

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<sup>22</sup>Plato, The Republic V, 462, (Chicago: Encyclopaedia Britannica, 1952), p. 363.

<sup>23</sup>1 Corinthians 12: 24b-27.

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The "body of Christ" is not a single expression with an unchanging meaning. Paul's thought remains extremely flexible and elastic. In some passages the church is explicitly identified with Christ's body. In other passages this identification becomes very tenuous indeed. This variety of usage precludes a single inclusive definition of the image. Also, one cannot import into each occurrence of the analogy the range of meaning which it bears in other passages. Modern biblical scholars are aware of the confusion which is so apparent in the minds of many persons who speak of the "body of Christ." Thus, they have devoted much study to the two-fold problem of the actual meaning of the phrase in the New Testament and the meaning of it for our contemporary thought about the nature of the church.

In comprehending the Pauline meaning of the body of Christ, one must understand the Hebrew idea of personification. How can the countless individual Christians who constitute the church be considered as the body of one Christ? The notion seems unintelligible to our modern manner of thinking. Yet, the Hebrew thought-forms, which Paul had inherited, had no difficulty in expressing the idea that one man represents, or even embodies, a whole people. For example, Adam, Abraham, Moses and Elijah were never merely human figures for the Jews. There are some scholars who see the personifications of the Old Testament as not only a clue to the understanding of the Body of Christ,

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but as the most important basis for such an understanding.

Against such a background, Paul's frequent employment of the figure of the Body of Christ takes on far richer meaning than when it is read from the modern point of view. Such a perspective may be that it is an analogy of an organism and nothing more. The author is choosing to limit his discussion to I Corinthians primarily. Also, the focus is upon two salient aspects of that discussion. First, Christ is the head of the body. Second, there are diversities of ministries and relationships in the one body. The body of Christ and blood are complementary channels of unity. This is stated explicitly in the following pericope of scripture:

The cup of blessing which we bless, is it not a participation in the body of Christ? Because there is one bread, we who are many are one body, for all partake of the one bread.<sup>24</sup>

It would distort Paul's thought to make church and body interchangeable or identical terms. Yet the community's participation in the Lord's body is seen to be intrinsic to its life. Its unity stems from the oneness of the loaf and cup. Its interdependence stems from its dependence on the Lord's death. To understand the body includes the discernment of their communal solidarity in Christ. Such discernment produces mutual courtesy, mutual concern, and an active sharing of resources by those

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<sup>24</sup>I Corinthians 10: 16-17.

who have with those who have not. This is illustrated graphically in the following: "So, then, my brethren, when you come together to eat, wait for one another--if any one is hungry, let him eat at home--lest you come together to be condemned."<sup>25</sup> In chapter 12, Paul is concerned to restore the sense of interdependence among the believers in order to restore the sense of unity in the Corinthian congregation. Thus, "Now you are the body of Christ and individually members of it" reminds them of this need. To say "one body" was to say "The common good" (v.7) or to say that the members "have the same care for one another" (v.25). The apostle reached a climax in his argument by concluding: "If one member suffers, all suffer together; if one member is honored, all rejoice together" (v.26).

The author of Colossians expounds the "headship of Christ" when he states: "For in him the whole fullness of deity dwells bodily, and you have come to fullness of life in him, who is the head of all rule and authority."<sup>26</sup> Paul Minear<sup>27</sup> brings the elements of the body and the head together when he states succinctly that "This text indicates that the head is something that exercises authority and lordship over something else: the body is that over which such dominion is exercised by

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<sup>25</sup>I Corinthians 11: 33-34a.      <sup>26</sup>Colossians 2: 9-10.

<sup>27</sup>Paul S. Minear, Images of the Church in the New Testament (Philadelphia: Westminster Press, 1960) p. 205.

the head."

A single image is unable to bear the full weight of too much exposition. However, it does appear that the "body of Christ" states beautifully the interdependence of the members of the body upon one another. When one uses body to symbolize the church, the organismic basis for a concern about the quality of relationships becomes clear. Thus, psychotherapy in general and family group therapy in particular find a rationale within this concept of community. The function of the church is to utilize its resources in order to release the potential for more positive relationships within the body. The relationship to family group therapy will be discussed later. Let us now look more explicitly at the relationship of psychotherapy to the implementation of the function of the church.

#### PASTORAL COUNSELING AND THEOLOGY

It is the assumption of this author that pastoral care and counseling and theology must interpenetrate one another. Thornton states succinctly the relationship of the clinical situations to theological statements. He writes that "Pastoral Care and Counseling are forms of religious ministry which integrate the findings of behavioral science"<sup>28</sup>

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<sup>28</sup>Thornton, op. cit., p. 27.

and theology in the effort to prepare the way for divine-human encounter in the midst of human crises." He goes on to say that "Any statement about the purpose of pastoral counseling presupposes a statement of faith."<sup>29</sup> The two disciplines are inextricably related. Indeed, one is "doing theology" when he utilizes psychotherapy in order to increase the love of God and neighbor and reflects upon the process. This is theology and this is pastoral counseling's role. There are not two separate worlds. The Christian religion is a religion of Incarnation. "And the Word became flesh and dwelt among us...."<sup>30</sup> The pastoral counselor must identify with the pain of his counselee. Christianity has always been concerned with changing men's lives. It has focused on their relationships with God and with each other. "Therefore, if any one is in Christ, he is a new creation; the old has passed away, behold, the new has come."<sup>31</sup> Likewise pastoral care and counseling is seeking to give behavioral dimensions to the theological understanding of man's need to find a "newness of life." Both are concerned with change. So, whether one talks about a new birth, increased ability to cope with reality, or new sensitivity, the concept of change is meaningful in both languages--i.e. psychological and theological. Furgeson

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<sup>29</sup>Ibid.

<sup>30</sup>John 1: 14a.

<sup>31</sup>II: Corinthians 5:17.

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writes that "Theology is the queen of the sciences, but she is unqualified to rule unless she possesses intimate knowledge of the experiences of her subjects."<sup>32</sup>

In Inquirers' classes at the church of the author, prospective members finish the following statement in one word: "The church is ...." Answers have included the following: "love," "fellowship," "relationship," "concern," "worship," "acceptance," "family-oriented," "Christ's body," "vehicle," "environment," "involvement," "practical," "teaching," "human," "guidance," "wholeness," "friendship," and "redeeming." These words indicate the mission of the church through the eyes of lay people. Traditional theological jargon is not often used. However, the words depict vividly the function of the church in a relationship focus which validates the relevance of pastoral counseling.

In a discussion of the reciprocal character of the divine-human relationship, Tillich<sup>33</sup> stated the linkage of the love of God and neighbor in precise language when he wrote:

Every relation between persons is based on a free reciprocity. If one of the two in a relationship is not able to act as a person, an ego-thing relation replaces the ego-thou correlation. Although, in

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<sup>32</sup>Earl H. Furgeson, "The Mutual Dependence of Psychology and Theology," Pastoral Psychology, vol. 17 (September, 1966), 166.

<sup>33</sup>Paul Tillich, Biblical Religion And The Search For Ultimate Reality (Chicago: University of Chicago Press, 1955), p. 29.

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biblical religion, God is the one who gives and man the one who receives, reciprocity is always present in the divine-human relationship and expressed without any fear that it might limit the absolute divine supremacy. God reacts differently to different human reactions. Logically, this means that he is partly dependent upon them. He would have reacted differently if man had acted in another way than he did act. This cannot be otherwise, because in a person-to-person relationship a personal action of one side provokes a personal reaction on the other side. A reaction is personal if it originates in the free, responsible, and deciding center of the person.

Tillich's statement clarifies the interrelationship of theology and a concern for relationships at the two levels: God and man. He, also, states clearly the interdependence of a relationship. This is the organismic quality which is so basic to the approach of family group therapy. In Tillich's discussion, he mentions the "ego-thing relation" and the "ego-thou correlation." At this point, Tillich is stating the dynamic of another recently deceased theologian (in the existentialist tradition), Martin Buber. One pithy statement of Buber illustrates his emphasis. "In the beginning is relation."<sup>34</sup> Buber is stating the foundation for the implementation of a part of the church's mission through psychotherapy. He understands the organismic quality of relationships when he writes that he believes:<sup>35</sup>

The one primary word is the combination of I-Thou. The other primary word is the combination I-It; wherein, without a change in the primary word, one of the words He and She can replace it. Hence

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<sup>34</sup>Martin Buber, I And Thou (Edinburgh: Clark, 1958), p. 18.

<sup>35</sup>Ibid., p. 3.

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the I of man is also twofold. For the I of the primary word I-Thou is a different I from that of the primary word I-It.

In Buber's terms, the "eternal Thou" provides the foundation for the "Thou" relationships.

Gustafson is helpful in pointing out the uniqueness of the church when he writes about the church that:

Its differentiation does not lie in the fact that it has a language, but in its particular language; it does not lie in the process of interpretation and subjective understanding, but in that which it interprets and understands. Loyalty and deeds are common to all communities; the specific object of loyalty and its consequent effect upon actions marks the differentiation between the church and other communities. Thus one moves, in a social theory of the church, from the common toward the unique. Uniqueness per se is not a quality of the Christian community; its object of loyalty and faith marks its uniqueness.<sup>36</sup>

Thus, the church must remember its concern for the increase of love of God while it attempts to implement the love of neighbor.

Tillich states the synthesis cogently when he writes that "Being religious is being unconditionally concerned."<sup>37</sup> Thus, pastoral counseling is an integral facet of the implementation of the church's mission if it helps to release the potential for experiencing and demonstrating concern. This includes both the interpersonal and ontological spheres. Tillich demonstrates his ability to synthesize theological-philosophical

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<sup>36</sup>James M. Gustafson, Treasure In Earthen Vessels (New York: Harper & Brothers, 1961), p. 13.

<sup>37</sup>Paul Tillich, The Protestant Era (Chicago: University of Chicago Press, 1960), p. xi.

insights with the existential emphasis when he writes that "Love, agape, offers a principle of ethics which maintains an eternal, unchangeable element but makes its realization dependent on continuous acts of a creative intuition."<sup>38</sup> In this statement, Tillich brings together the ground of relationships with the implementation of the principle. He writes candidly about the church scene in the late 1940's:

But are the churches and religious groups prepared to speak this word of the vertical line, the "in spite of," of the religious reservation, to the people of our time? Or have they forgotten the vertical line entirely? Looking at the prevailing type of the religious life in this country, we might assume that this is the case, that there is no more pointing to the religious reservation but only a moral demand, humanitarian activity, and political partisanship. However, this may be--and certainly it is not this way--religion's demand on man stands: namely, that man be not only in history but also above history.<sup>39</sup>

The same trap is seductively available to the pastoral counselor. One has to be careful that family group therapy does not become the pent-house on the tower of Babel labeled psychotherapy. Tillich states the synthesis of "God-talk" and a relationship centered focus:

It is a rare gift to meet a human being in whom love--and this means God--is so overwhelmingly manifest. It undercuts theological arrogance as well as pious isolation. It is more than justice and it is greater than faith and hope. It is the presence of God Himself. For God is love. And in every moment of genuine love we are dwelling in God and God in us.<sup>40</sup>

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<sup>38</sup>Ibid., pp. 154-155.

<sup>39</sup>Ibid., p. 188.

<sup>40</sup>Paul Tillich, The New Being (New York: Charles Scribner's Sons, 1955), p. 29.

Clebsch and Jaekle perceive the unity of the "horizontal" and the "vertical" relationships when they state concisely:

The reconciling function seeks to re-establish broken relationships between man and fellow man and man and God. Broadly speaking, each of these horizontal and vertical relationships has been understood as inescapably involving the other. That is to say, while we may distinguish between broken or restored relationships with God and with neighbor, only very rarely has Christian pastoring dared to separate them.<sup>41</sup>

Neither one's communion with Christ nor one's sharing of His love among men need be considered less real because one is removed temporarily from the New Testament. Nelson perceives this clearly when he writes the following:

Using the language of the New Testament, the Christian might say: A man who has Koinonia with God through the Spirit can also have Koinonia with his neighbor, but it is God who gives and sustains both. Thus, according to John I, is the whole purpose of the Gospel, "that you may have fellowship with us; and our fellowship is with the Father and with His Son Jesus Christ."<sup>42</sup>

Thus, Nelson centers the implementation of the mission of the church in the quality of Koinonia. He agrees with Tillich's emphasis upon agape as a salient feature of the church when he writes that he believes:<sup>43</sup>

To say that the church cannot exist without Koinonia is just

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<sup>41</sup>William A. Clebsch and Charles R. Jaekle, Pastoral Care In Historical Perspective (Englewood Cliffs: Prentice-Hall, 1964), p. 9.

<sup>42</sup>J. Robert Nelson, The Realm of Redemption (Greenwich: Seabury Press, 1951), p. 61.

<sup>43</sup>Ibid., p. 64.

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another way of saying that it cannot exist without the genuinely divine love, or agape, for there can be no full sharing and fellowship among men, nor communion with God, when love is absent.

Another way of stating the foundation of the church is to describe the church as the "people of God." Minear states that "No view of the church long satisfies Christians themselves if it omits the essential work of either God or man. That is to say, the church is people, but it is a people called to a particular task by God. It is the people of God."<sup>44</sup>

If one accepts that the mission of the church is to increase the love of God and neighbor, then, can psychotherapy (more specifically family group therapy) be used by the pastoral counselor to implement that goal? We shall attempt to explore that question. Come writes cogently:

Reconciliation in the Christian experience is the very presence of God in all his reality and power for the renewing and perfecting of mankind and his world. Of course, to be the agents of reconciliation the Christian community must know reconciliation at the heart of its own life.<sup>45</sup>

#### THE PASTOR AS COUNSELOR IN A PARISH CHURCH

People do turn to the church for help. Indeed, the Joint

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<sup>44</sup>Minear, op. cit., p. 20.

<sup>45</sup>Arnold B. Come, Agents of Reconciliation (Philadelphia: Westminster Press, 1964), p. 28.

Commission Survey of Mental Health resources revealed the following about places to which people went for help:

Where did they go for help? Forty-two per cent consulted clergymen, twenty-nine per cent physicians in general, eighteen per cent psychiatrists or psychologists, and ten per cent social agencies or marriage clinics.<sup>46</sup>

Another relevant set of statistics which was brought out in this report was that "Sixty-five per cent of people who visited either clergymen or physicians said they were helped, while less than half (forty-six per cent) of those who went to psychiatrists felt they were helped."<sup>47</sup> The salient fact is that a large per centage of people turn to clergymen in times of crises. Thus, the clergyman must increase his skills in counseling if he is to take seriously his healing ministry. The minister does not have the choice of whether or not to do counseling with families. The decision revolves around how effective a growth facilitator he will become. As Pattison states:

There are many variables behind bare statistics, yet they still remain an impressive demonstration that clergymen are among the most important care-taking agents in the community. They are in a position to play a vital role in secondary prevention, i.e., early case-finding and effective early referral for treatment.<sup>48</sup>

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<sup>46</sup>Joint Commission on Mental Illness and Health, Action For Mental Health, (New York: Basic Books, 1961), p. 103.

<sup>47</sup>Ibid., p. 104.

<sup>48</sup>E. Mansell Pattison, Clinical Psychiatry And Religion (Boston: Little, Brown, 1969), p. 246.

Thus, the minister has the opportunity to implement his concern for the wholeness of persons in these contacts. It has been the experience of the author that a person often becomes open to a sense of the presence of God in his life when the person-to-person and intra-psychic problems have been ameliorated. Thornton describes such a situation when he discusses an interview by Chaplain Bell. He states the following about it:

In this interview Chaplain Bell was faced immediately with the issue of what penultimate method to use in seeking to prepare the way for divine-human encounter. Should he attempt to communicate the gospel of God's love, of grace sufficient, in an explicit or an implicit way? He decided to rely on the interpersonal relationship--to communicate the gospel implicitly.<sup>49</sup>

It is a central assertion of this paper that the implicit communication of the gospel is often the only style of communication which can effectively minister to the person. However, the pastoral counselor has an advantage both in meeting people where they are and in his potential utilization of his religious perspective. As this paper is being written the author is involved in a counseling relationship as pastor to a middle-aged man who has been faced with the realization that he has cancer. There has been little God-talk. However, the conversation has been most theological in that it has dealt with ultimate questions which arise out of the depths of existential anxiety. Thornton states the

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<sup>49</sup>Thornton, op. cit., p. 44.

advantage which a pastor has when he writes that:

The pastor stands for a heritage in which ultimate concerns are integral to operational procedures and in which one's functioning is shaped by one's theology. The psychological investigator excludes ultimate questions from his consideration.<sup>50</sup>

It would appear to the author that one's theology influences one's counseling whether he is a pastoral counselor or not. Thus, it is the author's opinion that Thornton generalizes incorrectly about the "psychological investigator." Many psychologists such as May and Bugental grapple with ultimate questions. Nevertheless, the pastoral counselor is freed to deal with these questions openly in a unique manner. By role definition ("ascribed" and "achieved"), his ability to deal with ultimate "religious" questions is endorsed by the person who seeks his advice. Thornton states the following:

The pastor is committed to increase among men the love of God and neighbor. The psychological therapist is committed to increase among men the understanding and experiencing of emotional and mental health. Continuity with historic traditions requires the ordained therapist to give attention to the Creator whereas the lay therapist seeks chiefly to "subdue" the creation.<sup>51</sup>

Again, Thornton generalizes about the "lay therapist" and fails to recognize that many such therapists do not fit such a sweeping statement. Also, too many times the pastoral counselor fails to utilize the resources of his tradition. At this point, the experience of the author

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<sup>50</sup>Ibid. p. 58

<sup>51</sup>Ibid.,



is pertinent. At the outset of formal training in the area of pastoral counseling, the author was tempted to (indeed often did) minimize the positive resources of his religious tradition. Sharing leadership in a Depth Bible Study with Dr. Frank Kimper in a church in the Claremont, California, area helped the author to experience the value of the religious resources. These included the sense of community, the Bible, and prayer. He discovered that they helped people to relate to each other and to God, "the Ground of Being " (Tillich). Thornton affirms this emphasis when he declares that:

Pastoral or clinical theology is truly theological only to the extent that pastoral theologians and counselors are personally committed to the life of the church. Anxiety about the security of the boundaries between pastoral counseling and psychological therapy is rooted, from the church side of the issue, in anxiety about the commitment of pastoral counselors, themselves, to their religious heritage.<sup>52</sup>

Thornton is pointing to a key area of concern. If the pastoral counselor operates from a personal base of faith and is counseling in order to bring wholeness ("salvation"), the mission of the church is being extended. If this is not the *raison d'etre* of his counseling ministry, then he is not a pastoral counselor.

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<sup>52</sup>Ibid., p. 59.

## FAMILY GROUP THERAPY IN THE PARISH CHURCH

If it is true that the mission of the church can be facilitated by a person-centered ministry, then does family group therapy fit into such a ministry? Clinebell, states that the Christian Community can and should foster mental health. He writes that "A church's concern for mental health is at the very center of its God-given task."<sup>53</sup> This paper will limit its discussion to the area of the family-centered phase of the church's life and family group therapy. Erikson makes a significant statement when he writes the following:

Increasing numbers of us come to the conclusion that a child and even a baby--perhaps even the fetus--sensitively reflect the quality of the milieu in which they grow up. Children feel the tensions, insecurities, and rages of their parents even if they do not know their causes or witness their most overt manifestations. Therefore, you cannot fool children. To develop a child with a healthy personality, a parent must be a genuine person in a genuine milieu.<sup>54</sup>

Erikson's statement both clearly demonstrates the need for working with the family qua family and for the church to be a part of the "genuine milieu." Today, "systems analysis" is often utilized. The family is the smallest "system" of operation for most people. Thus, the church has both the privilege and responsibility to utilize its unique access to

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<sup>53</sup>Howard J. Clinebell, Jr., Mental Health Through Christian Community (Nashville: Abingdon Press, 1965), p. 19.

<sup>54</sup>Erik H. Erikson, "Identity And The Life-Cycle" Psychological Issues, I: 1 (1959), 99.

family units in a manner which helps people to increase the love of God and neighbor in the family unit. Also, the family system is a bridge to other systems. Thus, the church's ministry to the family system must be seen as one facet of its ministry to the larger social systems. This interrelationship of persons and systems is understood by Seifert and Clinebell when they write the following: "As conjoint family therapy has demonstrated, the most effective and efficient way to help individual change is to change the family system."<sup>55</sup> They, also, state the necessity of dealing with all systems in which a person is involved when they write that "...the most effective prevention is that which allows the systems of which a person is a part to become life-health-wholeness creating."<sup>56</sup> Stating the matter in a more specific form, they write the following:

Each individual, family, small group, and organization exists within a wider system of concentric systems. To change an inner-target system most effectively and permanently, one must include in his goals the changing of the next circle out, so that it can support rather than defeat the changes of the inner system, or systems.<sup>57</sup>

Thus, the organismic approach to human relationships is essential. In the rationale for family group therapy, this was discussed. The mission

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<sup>55</sup>Harvey Seifert and Howard J. Clinebell, Jr., Personal Growth and Social Change, (Philadelphia: Westminster Press, 1969), p. 14.

<sup>56</sup>Ibid., p. 15.

<sup>57</sup>Ibid., p. 71.

of the church as the increase of love of God and neighbor has also been discussed. At this point, let us look at family group therapy as a means of the implementation of that mission.

Knowles states one of the reasons for the utilization of groups in counseling in the church when he writes that "A primary reason for the group approach to counseling is that it enables the church to serve more persons in less time or to serve a few over a longer duration of time."<sup>58</sup> Bell states this aspect of family group therapy when he writes: "Since that approach is economical of a therapist's time, both in terms of the work with several individuals at once and in terms with which progress seems to be accomplished...."<sup>59</sup> This short-term possibility is very relevant to the continual need of the minister to budget his time and to establish priorities on his time. Both the expenditure of time as well as the recognition of the organismic quality of relationships are taken into account. Clinebell believes that "Few if any, of the emerging counseling methods are so directly relevant of the clergyman's setting, role, and function."<sup>60</sup> In family group therapy, the pastoral counselor is able

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<sup>58</sup>Joseph W. Knowles, Group Counseling (Englewood Cliffs: Prentice-Hall, 1964), p. 15.

<sup>59</sup>John Elderkin Bell, Family Group Therapy (Washington: Government Printing Office, 1961), p. 3.

<sup>60</sup>Howard J. Clinebell Jr., Basic Types of Pastoral Counseling (Nashville: Abingdon Press, 1966), p. 121.

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to use his unique relationship to family units in a constructive manner. No one has easier access to the family than the clergyman. It is important to remember that the access to families is not the reason for the utilization of family group therapy. However, an access provides the framework for the implementation of the mission of the church through family group therapy. Thus, the access to family units becomes the means to the end. Indeed, the organismic interdependence of family units demonstrates the necessity of working with families. The access to family units of the minister provides him with that potential.

The emphasis upon the interaction among the family rather than the depth psychoanalysis is most appropriate to the skills and interests of the pastoral counselor. The author does not agree with Bell's assertion that "It is essential that that professional person who carries the family in treatment have no contact with family members as individuals before beginning the treatment."<sup>61</sup> This may be true in a choice among psychotherapists. However, the pastoral counselor can relate adequately to most family units. Indeed, there are situations in which his unique relationship to the family fosters growth. At the same time, there are situations where referral to another person for counseling is essential. An important task for the pastoral counselor is to be able to

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<sup>61</sup>Ibid., p. 9.

distinguish between such situations and to have the integrity to refer when referral seems to be the most helpful course of action.

A minister can certainly hinder the implementation of the mission of the church for the particular family or individual of the church when he fails to recognize the need for referral. There are situations in which family group therapy might be inappropriate. For example, if an individual family member is so "malignantly ill, psychiatrically speaking... where the isolation is so deep and severe the connection is almost totally disrupted."<sup>62</sup> In such a situation the pastoral counselor would not be serving the mission of the church if he were to attempt to utilize family group therapy. Perhaps, after referral for help, the possibility of family group therapy might make sense. During the time of the individual treatment, the pastor needs to relate closely to that individual and family as their pastor. This will help to reduce some of the fears of change and help them to accept changes within the family system. Often, the minister becomes a vital bridge for the person (and family) to the outside community. The person (and family) need to experience acceptance during the period of change. The pastor and church community should provide this type of relationship to the person.

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<sup>62</sup>Nathan W. Ackerman, Exploring The Base For Family Therapy (New York: Family Service Association of America, 1961), p. 255.

Another positive aspect of family group therapy for the pastoral counselor is that family group therapy lessens the feelings that the pastor, as counselor, only knows one side of the story. This impression sometimes alienates a parishoner from a minister who becomes manipulated by one member of the family. Everyone gets his chance to be heard.

If the pastoral counselor is attempting to release the potential of the individual in the context of his relationships, the family is the unit to be treated. Jeanniere states that "...the family is the place where the most fundamental social ties are revealed, and it is the normal place of a man's apprenticeship in social life."<sup>63</sup> Roberts spells out the role of the churches as a part of the team of professional people who deal with the family units. He writes that the psychiatric profession "...needs maximum help from schools, courts, social-service agencies, and from every other institution or profession that deals with people troubles."<sup>64</sup> Dealing with "people troubles" is the task of the pastoral counselor.

Family group therapy is not the only manner by which the pastor can or should relate to families. It must be carefully utilized so that

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<sup>63</sup>Abel Jeanniere, The Anthropology of Sex (New York: Harper & Row, 1967), p. 169.

<sup>64</sup>David E. Roberts, Psychotherapy And A Christian View of Man

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the pastor is aware of the complexities of the methodology and the situations in which it is an inappropriate approach.

## CONCLUSION

This section has been designed to relate family therapy and the parish church. A discussion of the relationship of the church and psychotherapy led to a discussion of the employment of family group therapy in the parish church. Next, the study focuses upon adaptations of this approach for the pastoral counselor.

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(New York: Charles Scribner's Sons, 1950), p. 3.



## CHAPTER IV

### THE UTILIZATION OF FAMILY GROUP THERAPY

BY THE PASTORAL COUNSELOR

#### ADAPTATIONS OF FAMILY GROUP THERAPY FOR THE PASTOR WHO LACKS SPECIFIC TRAINING IN PASTORAL COUNSELING

The purpose of this section is to provide some usable tools from the methodologies of family therapy for the pastor who has no (or very little) formal training in pastoral counseling. Some of the salient resources will be mentioned. An underlying assumption of this dissertation is that pastors are dealing with family pain all the time. Thus, the pastor cannot choose whether or not he will get involved with families in their conflicts and joys. The only question is how well prepared he will be for such encounters. The pastor needs to understand the implications of the statement by Satir that "Numerous studies have shown that the family behaves as if it were a unit."<sup>1</sup> When this view of homeostasis of the family is combined with the accessibility of the family to the pastor, he has the responsibility to increase his therapeutic skills in the area of family treatment. Specific suggestions will be

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<sup>1</sup>Virginia Satir, Conjoint Family Therapy (Palo Alto: Science and Behavior Books, 1967), p.1.

made about the resources in family therapy which can be used by any pastor. Variations of family treatment methods which could be used by the pastor will be suggested. In short, the section will attempt to do more than raise the anxiety level of the pastor who has little formal training in counseling. It is the task of this section to deal with the question: "What can I do?" This query is central to the focus of the theme of the paper.

### Role of the Pastor

The situation of each family brings unique needs. A ministry, however well informed by Gospel and ecclesiology, requires full understanding of the persons to whom it is directed. Erikson has perceived the critical phases of the psycho-social development of man. It is essential that the pastor become familiar with the growth needs and growth potential of each family member.

In a discussion of "The Crisis of Intimacy," Becker states that "The moving van symbolizes the contemporary family the way a homestead once did."<sup>2</sup> The pastor must be cognizant of the factors mentioned previously which impinge upon family life.

The normal avenue of pastoral care to the individual and to the

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<sup>2</sup>Russell J. Becker, Family Pastoral Care (Englewood Cliffs: Prentice-Hall, 1965), p. 15.

family is the communication of the Gospel of Jesus the Christ. However, this is sometimes limited to the sermon. The message of God's reconciliation is mediated more often in the context of relationships outside of a formal "worship" service or a formal "counseling" session. It is the ability of the pastor to relate to a man (or family) qua man which is essential. The bridge for therapeutic help is based upon the incarnation of concern demonstrated in the pastor's regular association with his congregation. Families learn to trust (or distrust) the pastor on the basis of the informal contacts. The man becomes the message.

The description of the psychodynamics of the family unit provides data for the pastor's fuller understanding of the social nature of the person. Dealing with the context of the family as the unit which is to be helped conforms more to the pastor's perception of persons as members of familial units. Previously, the pastor who was called into a family problem did not have a psychotherapeutic rationale and methodology for helping the family. All the pastor could find in the literature of psychotherapy was that the isolated purity of the clinical interview situation was the proper way to help others. Indeed, other members of the family were often viewed as intruders in formal contexts where "important" personal matters were being discussed. Thus, pastors failed to recognize the potential for more substantial and, perhaps, longer lasting change by the incorporation of other members of the family system into

the conversation. Now, the pastor has allies who see the familial context of individual life. The pastor quite often meets with families in the home situation. It is interesting to note that "Those who have used home interviews...have reported them to be very effective in creating a natural, relaxed atmosphere and more productive in demonstrating a family's everyday pattern of living."<sup>3</sup> Pastors have often adopted the model of doing counseling in the office. They have missed the opportunities both to perceive counseling in a broader definition and to use constructively the access to the homes. No other profession has the potential relationships with families qua families that the pastor has. Thus, the fact of his pastoral relationship to every member of the family need not be a source of embarrassment or frustration. Instead, the pastor should be able to utilize the peculiar fact of being pastor to all family members as a basis for working with them as a family group.

When a pastor views the family as the unit, his ministry to persons will be deeply affected. When he perceives the "acting out" of a teen-ager, John, he does not wonder how such a thing can happen "in such a fine family." Instead, he will start from a different base. His assumption is that John is being affected by other members of the family.

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<sup>3</sup>Michael J. Sporakowski, and Paul R. Mills, Jr., "What's It All About? An Overview of Family Therapy," Family Coordinator, XVIII: 1 (January 1969), 67.

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Thus, John's symptomatic behavior reflects neurotic patterns within the family homeostasis as well as, perhaps, physiological or other environmental relationships.

### Specific Ideas for Implementation

Illustrations of some ways in which the pastor can help the church to minister more effectively to family units will now be given. An understanding of the psychodynamic unity of the family system will encourage the pastor to attempt to expose all members of the family to programs and materials which might affect the behavior of the participants. For example, youth fellowships periodically can get together with parents and siblings in order to explore familial communication on the "drug problem." In this manner, changes in one person can be more readily understood by other members of the family. Thus, they will be less threatening. In the United Church of Christ, a fairly new emphasis on "Lay Life and Work" has attempted to get family units qua families involved in the function of the church.

One way in which to organize the program of the church around the concern for the family is to use the eight growth stages of Erik Erikson. If a pastor will try to develop a program which meets the needs of each of these eight psycho-social states of man, he will be fostering the personal growth of members of the families.

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The pastor should become familiar with some of the literature in family group therapy. One resource is the journal entitled Family Process. If one were to read this Journal regularly, he could keep in touch with the changing modes of family therapy. Satir writes that "I find that I keep growing and changing constantly and feel free to do so. If I ever stop, I will be useless as a helper. As a person, I feel I would die."<sup>4</sup> Another invaluable resource would be participation by the pastor's own family in a family group. Periodically, seminars are offered on family group therapy by psychotherapists.

Let us continue to look now at how some more traditional programs can be strengthened. The "family retreat" is an excellent milieu in which family units can be helped. If the pastor understands the psychodynamics of the family homeostasis, he will observe many ways in which such a setting can be utilized. The church which the author is presently serving had a family camp in the mountains. The program was not structured. The group experienced a kind of family marathon involving modified group therapy. For a week-end, the group played games, sang, and ate together. Also, they learned to listen a little more to each other and, especially, to other members of the families. There was no "plan" to use family group therapy. However, the informal

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<sup>4</sup>Taken from personal correspondence between Virginia Satir and the writer. Used by permission.

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setting led to a discussion about family interaction. The group went through several of Bell's stages of family therapy as they related as families to one another. In some ways, it was more meaningful than the structured "family group therapy" because there was not the threat of the label, "therapy." Instead, they were families of the church "having a good time" together. The neutral setting of the mountains had a positive effect on the ability to relate without pressures of time or other responsibilities. Several requests for getting together more often to relate at significant depth came out of that family camp. Also, it helped to provide a network of relationships within the "extended family" of the church which can minister as families to other families.

As a pastor becomes familiar with family group therapy, he has an opportunity to do some educative counseling in classes for parents in preparation for baptism. Parents of infants are receptive to discussions about family life. At this point, the pastor can share with the parents his ideas concerning the psychodynamics of family life. He can help the parents to see themselves as the "axis" or "architects" of the family. Thus, again, the pastor can increase his effectiveness in a preventive manner which can facilitate the "maturation" of the family.

Another central place for educative counseling in a preventive manner is the sermon. No area of concern evokes more comments about a sermon than family themes. "Sermon discussions" about family

communication are among the most lively and most appreciated. The author has often shared insights from family therapy in sermons. Following such a sermon, he usually will get a call for "counseling" from a family member.

Another crucial time when an understanding of family therapy can help the pastor is at moments of crises. At the time of the death of a loved one, the pastor can sense the family pain. In the funeral service, he can minister to the family unit. Wise states: "It helps the bereaved to hear the pastor say in a public gathering the things which they are trying to say within themselves about the deceased."<sup>5</sup> Again, the pastor should try to minister to the family as a unit so that the family can continue to therapize itself. The death of a member of a family provides the opportunity to help the family to gain a new level of cohesiveness. It also allows the minister to gain a deeper relationship with the family unit which can be helpful in time of future needs. The pastor also has the advantage of his role as the one who is dealing with the meaning of life. Hiltner and Colston recognize this when they write:<sup>6</sup>

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<sup>5</sup>Carroll A. Wise, Pastoral Counseling: Its Theory And Practice (New York: Harper & Brothers, 1951), pp. 217, 218.

<sup>6</sup>Seward Hiltner and Lowell G. Colston, The Content of Pastoral Counseling (Nashville: Abingdon Press, 1961), p. 214.



...when the pastor is counselor, he already carries generally the aura of believing in something, and when this is added to basic understanding and acceptance and to skill in counseling, he has double-barreled resources for those who have been willing to consult him at all.

It is this latter area of competency in counseling that needs to be explored.

It is essential that the pastor not "try" family group counseling without training and experience in counseling. As Satir stated, "...There is no other form of treatment that activates all parts of the therapist and consequently provides more traps than family therapy."<sup>7</sup> Clinebell recognizes this danger when he states concisely that "Family therapy is not an approach for ministers with little training in counseling."<sup>8</sup> However, it is not beyond the reach of the pastor who has some formal training in pastoral counseling. It appears to the author that a pastor should have had a minimum of four courses in counseling and have had supervised clinical experience before attempting family group therapy. Then, he should utilize consultation from a mental health specialist.

In this section, the author has attempted to demonstrate that an awareness of both the rationale and methodologies of family group

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<sup>7</sup>Satir, op. cit.

<sup>8</sup>Howard J. Clinebell, Jr., Basic Types of Pastoral Counseling (Nashville: Abingdon Press, 1966), p. 129.

therapy can help any pastor become a more effective facilitator of growth in family units. Even if the utilization of formal family group therapy is not used, the pastor can still minister to families as family units in a more meaningful manner.

THE POTENTIAL OF CONJOINT FAMILY THERAPY  
FOR THE PASTORAL COUNSELOR WHO IS A "TRAINED  
COUNSELOR" BUT WHO LACKS TRAINING IN  
CONJOINT FAMILY THERAPY

In this section, the methodology of Conjoint Family Therapy for the pastoral counselor who is a "trained counselor" but who lacks training in Conjoint Family Therapy will be discussed. At the outset, the term "trained counselor" will be defined. After the definition, specific ways will be mentioned by which the pastoral counselor may employ the methodology of family group therapy in his counseling ministry. Also, resources will be discussed which are available to the person who wants to increase his skills in this area.

This section has pragmatic value. Conjoint Family Therapy, as a unique form of therapy, is fairly new. Although the editors of Family Process state that "Family therapy is now well into its second decade . . .,"<sup>9</sup> there are pastoral counselors who have not tried any kind of family group therapy. Indeed, many counselors have not employed any

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<sup>9</sup>Family Process, Vol. 7, (March, 1968), 1.

mode of group therapy. Thus, this section is an attempt to present some guidelines for the implementation of family group therapy. Hopefully, the previous discussion of the rationale of family group therapy (Chapter II) has provided a sufficient answer to the question of "why family group therapy?"

### Definition of a "Trained Counselor"

In this paper, the term "trained counselor" is used to describe the person who has completed at least two full years of formal graduate course work in psychology and counseling, a year of supervised counseling, and at least twelve weeks of clinical training. For most clergy, the clinical training will be a quarter (or more) of Clinical Pastoral Education sponsored by the Association For Clinical Pastoral Education. This is a minimum amount of training!

In response to a query from the author concerning the academic and experiential qualifications of a family therapist, Satir wrote the following:

I believe that the personal qualities are the essential base through which knowledge and experience are filtered. Those personal qualities have to do with being and feeling a whole person who has come to terms with himself and enjoys and appreciates himself fully, including his capacity for making mistakes. Further, that he has arrived at a peer relationship with his own parents; that he can hear and see anything without flinching or being judgemental, and that he sees himself as a constantly growing and evolving person. He values realness over "goodness." He manifests aliveness and health and guts, and reveres all human life above everything else.

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Academically, that he have sound knowledge in biology, psychology, anthropology, literature, philosophy, semantics, and practical everyday tasks. Further, that he understands human communications and human and social system concepts. He needs to have intricate knowledge of how a human being distorts his growth, and how he can regain his growth potential. He needs to be intimately in touch with his own philosophy of the meaning of life. Further, that he knows first hand what it is like to live in a family and get to know many families. And that he also be acquainted first hand with all the human experiences like birth and death, marriage and divorce. You see, there is no other form of treatment that activates all parts of the person of the therapist and consequently provides more traps than family therapy.<sup>10</sup>

It is obvious that no one person can fulfill these criteria! Satir acknowledged this when she stated that they are "goals." Thus, Satir makes clear that the particular methodology is secondary to the above-mentioned criteria which are essential to the pastoral counselor's ability to increase love of God and neighbor in his own segment of the "body of Christ." It appears that the most essential qualities are not found in the "formal training." The ability of the man to relate in an "I-Thou" manner to other human beings is the sine qua non for the pastoral counselor. Nevertheless, the above-mentioned formal educational requirements are used in this paper for a person to be designated as a "trained counselor."

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<sup>10</sup>Taken from correspondence between Virginia Satir and the writer. Used by permission.

### Learning How to use Family Group Therapy

Clinebell states steps which he believes are helpful for a minister who has had some training in counseling. The following steps are listed:

- Step 1: Strive to increase your skill as a role-relationship couple counselor.
- Step 2: Master the theoretical material contained in Bell's monograph and Satir's book....
- Step 3: Begin with a three-member family which is not severely disturbed and which does not occupy a crucial position in your church's power structure.
- Step 4: If possible, establish a continuing relationship with a consultant from one of the mental health professions who is experienced in family therapy.
- Step 5: Tape family group sessions (with their permission) for your study and reflection between sessions and for use with your consultant.<sup>11</sup>

These steps are important facets of preparation for the utilization of family therapy. Satir and Bell provide the best models for pastoral counseling in the typical Protestant parish. However, if a clergyman is attempting to employ family therapy in a lower socio-economic area, he would be well advised to study the methodology of Minuchin. Minuchin's task-orientation style is better adapted to a lower socio-economic class than are the more insight-oriented methodologies of Satir and Bell. As one makes the transition from individual therapy or other styles of group therapy, it is important to remember step number four. Both the size of

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<sup>11</sup>Clinebell, op. cit., pp. 129, 130.

the family unit and the relative stability of the family are central. It is essential that the pastoral counselor, who is the minister of the church, not attempt to learn the skills of family therapy during the process of serving as counselor for a key family in the church. Although it is mandatory to have consultation with others who use family therapy at the outset of one's employment of this methodology, continuing consultation is essential. Listening to the tapes of family groups is helpful. It has been the author's experience that the most helpful electronic tool is a video-tape machine. When a video-tape machine is used, one is able to observe as well as listen. Thus, the very important non-verbal communication can be studied. In a family group, this is very instrumental in learning how the family group members are interacting. A video-tape machine helps one to be able to pick up cues from the members of the family who are not speaking at the moment. These may be missed by the counselor during the session.

As a "trained counselor" seeks to employ family therapy, it is important that he become familiar with the diversity of modes of family therapy. There is no one right way. Indeed, the methodology of family therapy has taken shape around the person doing family therapy. As Haley<sup>12</sup> has demonstrated, there are some basic similarities.

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<sup>12</sup>Mentioned in Chapter II.

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Nevertheless, the family therapist puts his own mark upon his model.

### Resources

Let us look at some other resources which are available to the pastoral counselor who is attempting to utilize family group therapy. From personal experience, the author recommends highly the employment of "co-therapists" in the learning states of family group therapy. The relationship of co-therapist is an excellent training laboratory. The pastoral counselor can ask another therapist who has already used family therapy to be a co-therapist with him. This allows the opportunity for the therapists to evaluate together the effectiveness of the methodology in a specific situation. Once one has read the literature in the field, this kind of in-service training is most beneficial. One can usually find another therapist who is open to such a possibility. Both therapists increase their skills in such a dialogue situation. In January, 1967, *Pastoral Psychology*, Gerald H. Zuk published "A Listing of Therapists Doing Family Therapy."<sup>13</sup> Also, local mental health centers have information concerning therapists who employ family group therapy in their area.

Another resource for further training in family group therapy are

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<sup>13</sup>Gerald H. Zuk, "A Listing of Therapists Doing Family Therapy," *Pastoral Psychology*, Vol.17, (January, 1967), 53.

the Seminaries and Pastoral Counseling Centers. Some of these centers offer courses in family group therapy. Indeed, a perusal of the literature from such places indicated to the author that there are several places in the United States where such opportunities are located. If these facilities are not conveniently available to the pastoral counselor, he can discover the resources in his own geographical area where family group therapy is being taught or utilized.

#### Problems in the Employment of Family Group Therapy

As the pastoral counselor gets involved in family group therapy, he must be aware that "When a therapist enters the power struggle in a family, the most immediate question will be this: Where will he fit into the coalition patterns? Each warring faction will attempt to bring him on their side."<sup>14</sup> The minister of a church needs especially to be aware of this phenomenon if he is going to do family group therapy with members of his church. The relationships with the members of the family outside of "therapy" afford multiple opportunities for family members to attempt to get the minister "on their side." Nevertheless, in most cases, the relationship of the minister to the family can be used positively to help the family to relate to their counselor. Such a context

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<sup>14</sup>Jay Haley, Strategies of Psychotherapy (New York: Grune and Stratton, 1963), p. 170.



allows the minister to be able to make some observations of their behavioral patterns. Thus, the author fundamentally disagrees with the following assertion by Bell:

It is essential that the professional person who carries the family in treatment have no contact with family members as individuals before beginning the treatment. Even a minimal relationship between the therapist and one individual member of the family, such as might be established in an intake interview or during psychological tests, obstructs the development of the very different relationship requisite to dealing with the whole family.<sup>15</sup>

It is essential for the pastor to evaluate each family because there are times when families should be referred. For example, as stated previously, if one member of the family is malignantly ill psychiatrically speaking, referral should be made. Also, if the pastor believes that his relationship to the family outside of the counseling session would interfere with the process of counseling, he should refer the family.

In the context of a parish church which is attempting to be an "extended family," the minister is able to relate to the family unit as one facet of the larger unit, the church family. When he is able to bring to that relationship skills in family therapy, he can then be a more faithful steward of his talents. Such a pastoral counselor is able to facilitate the increase of love of God and neighbor through the increased

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<sup>15</sup>John Elderkin Bell, Family Group Therapy, (Washington: Government Printing Office, 1961), p. 9.

ability of a family to "therapize itself."<sup>16</sup> The pastoral counselor is taking seriously the statement by Clinebell that "Whatever a church can do to increase the adequacy of parents and the richness of family life will have a direct, positive effect on the mental health of its people."<sup>17</sup>

## CONCLUSION

This chapter has discussed the adaptations of family group therapy by the pastoral counselor. It is important that the counselor recognize his own limitations in terms of ability and time if he is going to be an effective family group counselor. In this section, suggestions have been made for the implementation of the perspective of family group therapy for all pastoral counselors.

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<sup>16</sup>A term used by E. Mansell Pattison in conversation with the author in West Dundee, Illinois, Sept. 5, 1969. Used by Permission.

<sup>17</sup>Howard J. Clinebell, Jr., Mental Health Through Christian Community (Nashville: Abingdon Press, 1965), p. 188.

## CHAPTER V

### FAMILY THERAPY IN TWO SETTINGS: A PARISH CHURCH AND A FAMILY SERVICE CENTER

In this chapter, the relevance of family therapy in two settings is discussed. The two contexts are places in which the author does family group counseling. They are a Salvation Army Family Service Center and the author's parish church. The primary focus is placed on the parish church. Nevertheless, material from the family service center is given in order to look at the functioning of the pastoral counselor in another setting. In the family service center, the counselor is known to the counselees only in the sessions. In the parish context, there are relationships outside of the counseling session. In both settings, he is known to be an ordained minister who is doing counseling. As mentioned previously, the parish church is located in a middle-class setting. The family service center is situated in a lower-middle class setting.

In order to make some comparison between the results of the family group counseling in the two settings, all of the family counseling sessions in the church setting during a six month period are used. Also, all of the families in the family service center who remained in family group therapy for that six months have been utilized. This control has prevented a subjective choice of subjects. Only excerpts from sessions

are included. The author recognizes that the fact that these families remained in family group counseling for six months is an important variable. Also, in contradistinction to the parish setting, co-therapists were used in the family service center. The central focii for an evaluation are the clinical impressions by the counselor(s) and statements made by the counselees.

Tillich wrote succinctly: "The absoluteness of love is its power to go into the concrete situation, to discover what is demanded by the predicament of the concrete to which it turns."<sup>1</sup> In this chapter, the cogency of this remark will be demonstrated.

In both settings, explicit goals were established by the family units. Also, the number of sessions was set at the outset of the family group therapy sessions. At the end of those sessions, an evaluation session followed. The author recognizes that the above-mentioned variables preclude categorical assertions. The primary focus is upon the relevance to a pastoral counselor of the methodology of family group therapy in both settings. Thus, the comparison of settings is secondary to that goal.

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<sup>1</sup>Paul Tillich, Systematic Theology, (Chicago: University of Chicago Press, 1955), I, 169.

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## SALVATION ARMY FAMILY SERVICE CENTER

### Background Data

For two and one-half years, the author has been a co-therapist for conjoint family therapy sessions and multiple conjoint family therapy sessions at the family service center. In the multiple conjoint family therapy sessions, there are two to four families. In this study, only the single family sessions are contained. The sessions meet weekly for one hour and fifteen minutes.

### Co-Therapists

The methodology of co-therapy provides the following unique possibilities. When there are co-therapists, one therapist is able to observe the non-verbal communications of the group while the other therapist is involved with a group member. Another key positive element is the opportunity to look at the process of therapy itself in the session. One of the therapists can state to the other one: "I'm not sure what you're getting at." Such honesty by the therapists helps to facilitate honesty by others in the group. In the larger family groups, it is helpful, periodically, to have an observer-evaluator in the group who can report to the group his impressions of the session. This facilitates sharing of responsibilities. Co-therapy also lessens the possibility of

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excessive transference to one therapist.

The term "therapist" will be used in this section since that is the term used in the family service setting. Thus, it is used as a synonym for counselor in this study.

There are problems in the utilization of co-therapists in family group therapy. At times, one therapist will block communication at a strategic point. Unless the co-therapists work as a team, their competition for leadership can adversely effect the session. Thus, the co-therapists need to be open to each other as well as to the counselees.

#### Case-Studies--Resources

Let us look now at some case-studies from the family service center and some of the resources which were employed by the therapists. These families will be treated briefly in order to focus more attention upon the families in the next section.

The Strune family had three members of the family in counseling. At the first session, Don, the father stated emphatically: "The only problem which we have is that Bill got into trouble with the police. Otherwise, things are great." (Bill is fifteen years-old.) Martha, the mother stated: "Don, I don't agree. I don't think that we can blame Bill for our problems. Things aren't really too hot between us." In the

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course of the sessions, the family members, including Don, began to ask "What am I contributing to the problem?" instead of "what is the other person doing to me?" Thus, the family members began to struggle individually with their own contribution to the family pathology. This family reached a point in counseling where all three members decided that they were not sure that they wanted to make the necessary effort to change some of the behavioral patterns. At the end of the six months, the family was wrestling with their choices in this area. They were not ready to choose to make the changes in their behavioral interaction with each other. As will be true in several of the cases, the therapists evaluated that this family had made some progress. However, the changes were small. In the study, the author will refrain from labeling case-studies as a "success" or "failure" due to the feeling that such terms are too explicit and do not take into account the complexities of the situation.

Another family consisted of Howard Sr., the father; Phylis, the mother; Howard Jr., an eighteen year-old; Kevin, a fifteen year-old; Susan, a twelve year-old; and Mark, a seven year-old. Howard Jr. was labeled a "genius" by his parents. Mark was a mentally retarded child who functioned fairly well at home. The family came to the family service center because the parents were arguing about the rearing of the children. Also, they were concerned about "Kevin's excessive

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masturbation."

In the family, Howard Jr. was one of whom they were "proud." His grades were the main source of pride to the parents. They would allow Mark to disrupt the family patterns because "he doesn't know better." Also, they would permit Howard Jr. to remove himself from the family by staring at the wall and saying absolutely nothing. They stated that that was one of his idiosyncracies. However, "he's a brain." Thus, he had his justification for such action. Howard Jr. would often lock himself in his room at home. If anyone bothered him, he would "throw a temper tantrum."

The following excerpt from the counseling session contains a vivid statement by Howard Jr. It occurred when the counselors confronted him about his refusal to join in the here-and-now:

Howard Jr.: This family is sick. I'm going to stay outside looking in.

Counselor: You're not sure that you want inside so you're choosing to remain outside.

Howard Jr.: That's right.

Howard went on later to suggest the following:

Howard Jr.: Dad's on the outside looking in too.

By having the family in treatment, we soon discovered that the "Identified Patient," Kevin, was "acting out" in rebellion against the rest of his family. This was especially true in relation to his parents.

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He felt that he was "squeezed in the middle." Kevin was trying to get attention in his own way. The parents said that "Kevin is a good boy." Phyllis was very overprotective with Kevin. Finally, Kevin said to his mother:

Kevin: Mom, get off my back.

Counselor: You sound pretty angry.

Kevin: I am! Mom, you're always treating me like a baby.

(At that point, Kevin almost cried.)

Phyllis: Why, Kevin.

(Stated with a patronizing voice.)

Kevin: You know that's true. Howard and Mark get away with murder.

As the session developed, Kevin was able to state that he was "fed up" with being the "good boy." He felt that the family was catering to Howard Jr. Kevin, at one point, stated his frustration in a manner which brought all of the members of the group to the feeling level. He stated to his parents: "I feel like putting you both over my knees and spanking you. You act like little children." He stated this when his parents were arguing. After a few moments of silence (interspersed with nervous laughter and some non-verbal cues of nervousness such as changing of postures), the group looked at that profound indictment of the parents by the "good boy" (also the "scapegoat"). Kevin was getting right to the heart of much of that family's pathology.

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As the family continued in counseling, Howard Jr. began to participate some of the time in discussions in the sessions. Family communication improved and the symptom (one of the symptoms) of that family's neurotic complementarity, the "excessive masturbation," disappeared. However, the family continued to have rather poor communication. Howard Jr. continued to remain outside of the family at home. Thus, family group therapy provided insight and some changes. Nevertheless, much of the pathology of the family remained. This family left family group therapy at the end of the agreed upon sessions. The co-therapists believe that family therapy was the correct methodology due to the complementarity of the family neuroses. However, both therapists are aware that the possibility that the family will lapse back into its old patterns of interaction is great.

On the following pages are some pictures of collages from family group therapy in the family service center. (The collages are used with permission.) The author chose not to use collages from the parish church so that the names of families could remain anonymous. Detailed case analysis will not be given. However, the collages illustrate a vital resource for family group therapy.

Collage #1 is one which was made by a family of two members. The husband had left home. The mother displays her awareness of the two-sides of her daughter, the "angel" and the "devil" side. Her

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yearning for rest is depicted in the lower left hand corner of the collage. A crucial statement of her view is the phrase next to the cards which reads "under the sentence of death." Discussion about this collage evoked much comment between the mother and daughter. As the daughter and mother, Pat, discussed the collage, the mother said: "I really yearn for the day when I can go to an ocean resort and relax." Pat talked about her ambivalent feelings toward her daughter. She did not like the collage and stated: "I think that this is a waste of time." In this case, neither the collage nor other aspects of the family counseling session seemed to be particularly effective. Pat refused to communicate with her daughter in the session. This was also true of her behavior outside of the session. Her overt hostility toward the daughter was strong. This family did not respond to the sessions in a meaningful manner. The therapists decided that individual therapy with Pat would be more helpful. This proved to be correct in the estimation of the therapists and counselee. The girl was eight years-old and the pathology of her mother was the predominant need in the counseling session. Thus, family group therapy facilitated the recognition of that fact by the therapists. However, family therapy was not the best methodology for this case.

Collages numbers 2 and 3 are made by a family group of three members. Collage #2 depicts life in the family "as it is now." The

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"Why can't you  
be more like  
Spooky Wagon?  
He looks like  
Rio-Tio-Tio!"

Always Be a Winner

**"Why can't you  
be more like  
Spotty Whitten?  
He looks like  
Rin-Tin-Tin!"**

February 1941

Devi

Angel

## Plotting

PERCENT  
RELAXATION

## RELAXATION

us.

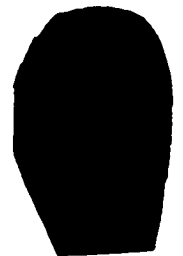
11

drudgery of life for the mother and father is quite evident. When the mother, Nora, talked about the question "Feeling down in the mouth about?", the family dealt with an important aspect of their life. In short, both father and mother indicated that they felt that life was pretty monotonous. At one point, Nora stated: "you know, I think I'm jealous of Steve's happy attitude." The collage helped Nora and Mark to open up to their feelings. When the Gomezes discussed the collages, they felt that the father, Mark had been relegated to a significantly smaller portion of the picture than Nora. They indicated that this dynamic was one facet of their complementary behavioral patterns which bothered each of them. Indeed, Mark stated: "I feel left out. Most of the time, I think that all I'm good for is to earn the money. I don't have no real place in the family." In collage #3, they attempted to state what they would like their lives to be like. A shift in mood is apparent. The mood is more happy. Steve, the boy, is succeeding professionally, enjoying sports, and raising his family. In the sessions, the family discussed the roles of each member. Mark began to gain some self-esteem in the family system. Making the collages encourages the families to work together and to attempt to tell the "story of their family." Although the family began to do this, the Gomezes became frustrated at the "slow progress" of the family group sessions during the seventh month. This family left family therapy with unresolved problems including the failure

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Feeling down in the  
mouth about f





She's funny if she's  
With a daughter  
She can teach you  
a trick or two. Always  
know. Or maybe  
(Nobody ever goes  
expert at anything  
just a few things)



NORA GOMER



ASTRONOMY



STEVE

There's  
a lot of things that  
are not



MARK

to accomplish their goals for the sessions. In evaluation of this process the therapists have come to the conclusion that too much of an emphasis was placed on the insight of family members and not enough task-orientation. Neither of the parents were high school graduates. It is the opinion of the therapists that Minuchin's style of family group therapy would have been more appropriate. Also, the therapists became too defensive when the process was questioned by the counselees.

The frustrations of one family are depicted vividly in collage #4. The family consisted of the following members: the father, Bruce; the mother, Pacita; the fourteen year-old daughter, Tony; and a five year-old daughter who was not in most of the counseling sessions. The question "where did we go wrong?" was placed at the center of the collage. That question became the source of considerable discussion about the pain of the family. The following dialogue took place as the collages were being discussed:

Pacita: "Where will it all end?" That's how I feel.

(The question comes from the collage. Her voice is shaking and sullen.)

Therapist: You sound pretty desperate.

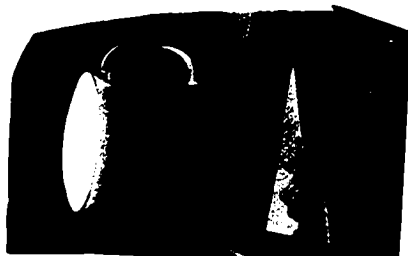
Pacita: I am! It seems like things are getting better and then Tony gets into trouble again.

Tony: Mom, that's not true.

Therapist: You sound pretty angry.

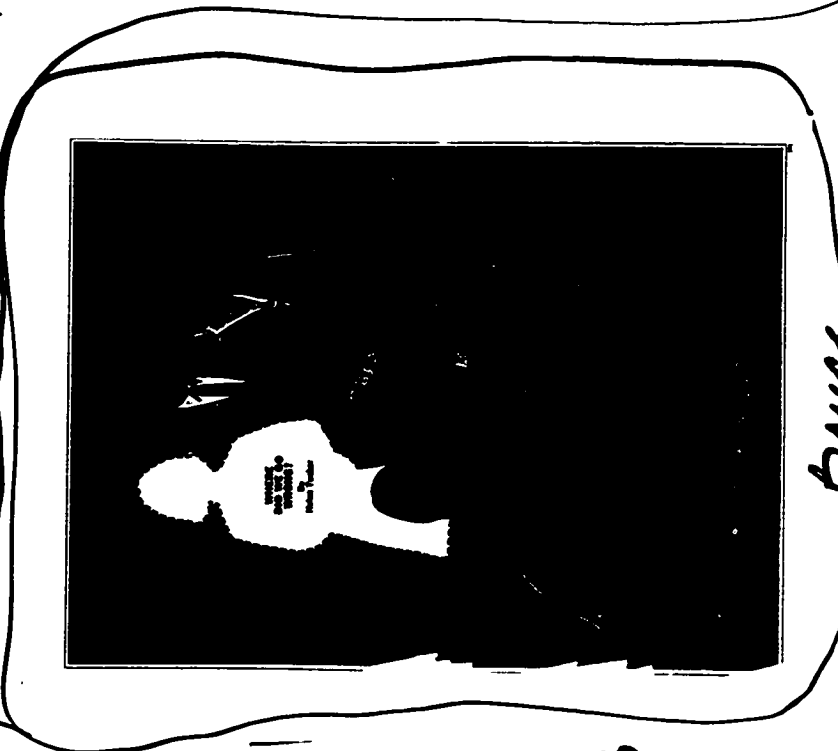


PACITA

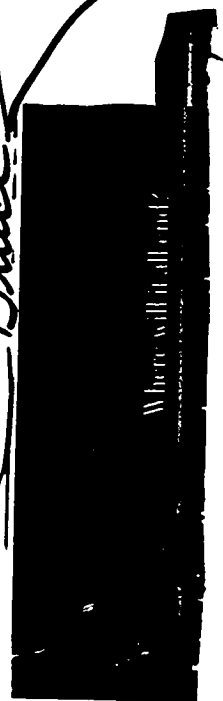


IS  
EMOTIONAL  
TENSION  
MAKING  
YOU  
SICK?

motorcycle



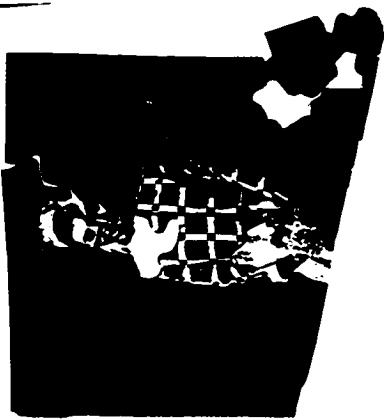
Bruce



Where will it all end?



Tony



Tony: Mom gets all up-tight--isn't that right Dad?

At this point, the therapists helped the family to see a coalition which had evolved between the father and Tony. Tony had begun to feel fragmented (as shown in the collage). She was using her father and mother in order to get her own way. However, she felt "torn apart" in the process. This family made progress towards the established goal of "being open to the needs of the other persons in the family." During the sessions, the therapists were able to help the family to begin to perceive each other's needs in a more objective manner so that each member could restate the remarks and feelings of the other person to that person's satisfaction.

Their evaluation (and the evaluation of the therapists) was that the feelings of desperation began to ease as they began to listen to each other at a deeper level. Tony found that healthier communication between her parents precluded her destructive use of them for her own needs. However, she expressed the following: "it makes me angry, but I like having mom and dad not fighting." She felt more secure. However, she was also aware of her own ambivalence in the change of the patterns of interaction.

Collage #5 was made by a family in which communication patterns were quite open. The collage illustrates the diversity of interests of the family. It also demonstrates their ability to discuss the

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Mom on Sit.



Peggy



Old Dad.



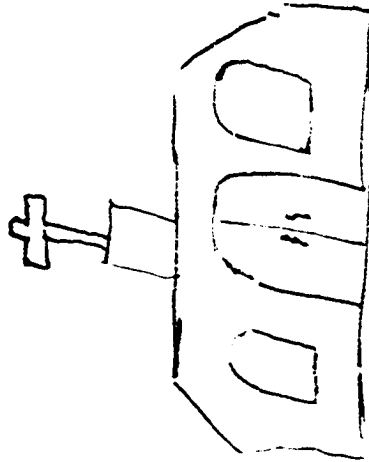
Vernon



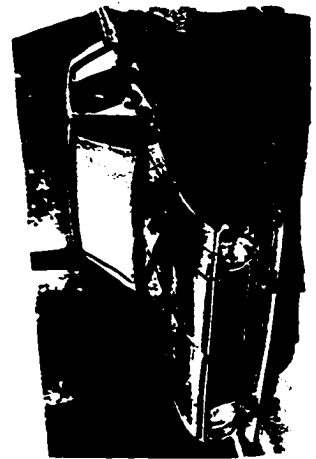
Mom & Dad



Jerry



Church.



The Patrick's

manifestations of pleasure and frustration in the family. Frustration is depicted in the feeling of the mother who sees her work as never finished. In the cartoon, father asks mother: "Martha do you have anything you want to say before the baseball season starts." The mother placed this on the collage. Discussion about that real complaint led to a greater awareness by the parents of their needs in relationship to each other. Some pictures in the collage depict the vitality in which the family celebrates life through parties and relaxation.

The collages help families to describe their family life in a non-verbal manner. The process of telling someone else about their family is new and meets some of the goals of Satir's "Family Life Chronology." The collages encourage the family to remember the "good times" as well as the "bad" and get the family to working as a unit in the session. Thus, they usually facilitate a look beyond the "presenting problem" which brought them to counseling. Sometimes, the collages have not helped. Indeed, it has been the author's experience that programmatic devices can be an escape from dealing with the here-and-now.

In the setting of the Salvation Army Family Service Center, the author has learned to appreciate his role as a "minister" and a "counselor." If one does not moralize or preach at people, the role of pastor is seldom a block to communication. In contradistinction to that, often people are freed to talk about the "spiritual side" of their concerns

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without the fear of being ridiculed.

## PARISH CHURCH

### Background Data

In a discussion of the parish church situation, it is important to indicate that the church is attempting to establish a synthesis of the areas of "social action" and "counseling" so that both areas serve to influence each other and are not perceived as distinct entities. Oates states the case for the interrelationship of the two concerns when he writes cogently:

But the pastor who moves with his people on an open-ended examination of the nature of the church, the kind of movement that binds it together, and the purpose of the church in the world will find a basis for the ministry of reconciliation on the social dilemma of race.<sup>2</sup>

The church is in the process of discovering that "Finding an 'object of devotion' that really matters brings a new aliveness to an individual. The same is true for a church group."<sup>3</sup>

Clinebell states the matter persuasively when he writes: "A dynamic concern for the problems of individuals should not cause a

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<sup>2</sup>Wayne E. Oates, Pastoral Counseling In Social Problems (Philadelphia: Westminster Press, 1966), p. 31.

<sup>3</sup>Howard J. Clinebell, Jr., Mental Health Through Christian Community (Nashville: Abingdon Press, 1965), p. 123.

neglect of the social matrix which spawns individual problems."<sup>4</sup>

Indeed, an analogy would be a "tree surgeon" who cuts a dead limb off of a sick tree with the expectation that the rest of the tree will become healthy. These statements provide the basis for one of the fundamental theses of this dissertation. It is the assumption that the family has a problem when one member is hurting. At the same time, the statements indicate the need for a close relationship between personal growth and the social change of larger systems than the family units. However, it appears to the author that a focus upon the needs of the family can affect the needs of the larger systems. If a person has cancer, it is essential to remove the cancerous tissue before turning one's attention to the manifestations of the disease. Thus, attention to the family unit focuses concern upon the smallest system of society. It is as "irrelevant" to run from this level of functioning to concern for the larger system as one's sole focus as to expect that families can be treated without concern for the larger systems which impinge upon their lives. The pastoral counselor is called to minister sensitively to both dimensions of the existence of his parishoners. Tillich stated the matter succinctly when he wrote:

There is something paradoxical in every action; it always contains a conflict of absolutism and relativism. It is based on decision; but

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<sup>4</sup>Ibid., p. 100.

to decide for something as true or as good means excluding countless other possibilities. Every decision is, in some aspect, absolutistic, resisting the sceptical temptation of epoche (not judging and not acting.) It is a risk, rooted in the courage of being, threatened by the excluded possibilities, many of which might have been better and truer than the chosen one.<sup>5</sup>

One cannot function in one relationship as a "pastor" and in another as a "counselor." Pastoral counselors are called to be fully human in all relationships and to utilize the skills which have been developed. Oden writes that "psychotherapy is the process of welcoming the stranger..."<sup>6</sup>

The role of counseling in the implementation of the function of the church has been discussed. At this point, the manner in which counseling can help the individual to deepen the relationship to God and neighbor will be explored. Judy Q. and her husband came to the author for pastoral counseling. Judy had been wrestling with the meaning of faith in her life. She had been unable to experience acceptance in her relationship to God and people. Judy and her husband requested family therapy. They stated that it was helpful for them to be able to perceive the fact that there were not three separate sets of problems:

(1) relationship to God; (2) relationship to each other as spouses; and

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<sup>5</sup>Tillich, op. cit., I, 169.

<sup>6</sup>Thomas C. Oden, Contemporary Theology And Psychotherapy (Philadelphia: Westminster Press, 1967), p. 101.

(3) relationship to their children. Instead, it became increasingly clear in the counseling sessions that the three sets of relationships affected each other. The ability to utilize family therapy is instrumental in facilitating an understanding of this web of relationships and their complementarity of effects.

The belief that family group therapy is a viable model for the pastor in the local church is not based primarily on the theoretical foundation which is discussed in previous chapters. Instead, it is founded upon the pragmatic reason that the author believes that it fosters the function of the church because he has experienced it in his own church situation.

The realization that the home was often the major source of concern and of conflict for many people in the author's church has become clearer. In a "Koinonia" group at the church, one of the members said the following about her relationship to the group: "I came to help me. Last fall, I didn't get much beyond the surface. I'm trying to get through the haze to find me. I'd like to have a better relationship with my husband and communicate better with him and also with my children." This statement indicates an awareness of the interrelatedness of "her needs" and the family. Although much was done in the Koinonia group to help her, the major source of growth came during family group sessions where the group could help her to "communicate



better with him and also with my children." The ability to relate in the here-and-now with her family facilitated progress more rapidly. Also, other members of the family could understand her changes and learn more about their own needs to change.

The author will state some things about his own style of family group therapy. It is quite flexible. Thus, some families are seen regularly as family units. In other cases, family units and individual(s) of the family are seen at different times. Whenever one part of the family is seen separately, a report is given to the family group about the meeting in order to preclude a sub-group feeling. Satir's idea of a "Family Life Chronology" is often utilized. It fosters a look by the family at itself as a unit and encourages it to remember some of the good times as well as the present conflict. The sessions are usually held in a room at the church. However, in some sessions, the home has been used. If it is less threatening to some of the members of the family, the home facilitates open communication. At other times, the church setting may free the family. Thus, a basic presupposition in the style is that flexibility is the rule. The individual needs dictate the setting and methodology. There is no one "right" way.

### Resources

Programmatic devices can be helpful. For example, collages are

often used. This "device" has often helped the family to work as a family in attempting to say something about themselves in picture form. Also, it is another way in which to help the family to "see itself" as a family. At the first session, the programmatic device of "going around" and stating "why I came to the group" and "what I hope to get out of the group" is often employed. This procedure accomplishes two main things: (1) It encourages every member to say something. This is especially helpful when one or more members of the family may have trouble expressing themselves. Another benefit is the opportunity for the children to speak up and begin to discover if their contributions are going to be heard. As Knowles writes: "The programmatic device of going around helps to equalize participation."<sup>7</sup> This device does encourage the members who are quiet to speak and to sense acceptance (or the lack of it) for their remarks. (2) It helps the family group to be aware of the diversity of interests and concerns in the group. In "going around" and talking about the reasons for being in the group, often members of the family group perceive others in the group with similar needs. It also helps to move the discussion into the here-and-now. Cartwright and Zander state another purpose of this method when they write succinctly that "The general principle may be derived that the

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<sup>7</sup>Joseph W. Knowles, Group Counseling (Englewood Cliffs: Prentice-Hall, 1964), p. 124.

balance of a group will be increased by heightening the awareness of a member (or a potential member) that he can fulfill his needs by belonging to the group."<sup>8</sup> Clinebell also describes this magnetic quality of the group when he writes that "A group elicits loyalty because it satisfies personality needs."<sup>9</sup>

One technique which has been very helpful in family group therapy has been to ask the family to come up with a statement of the "family's problem." The family is allowed to spend five to ten minutes by themselves. This often leads to insights in the here-and-now into the family pathology and health. For example, one family, the Adamses had not been able to communicate with each other. The four members of the family were present at the session. The father, Jim; the mother, Helen; Peter, an eleven year-old; and Kevin, a thirteen year-old. The author had seen the parents in counseling previously. In the second session, as a family, the counselor suggested that the family decide upon a statement of their problem as a family. They spent about ten minutes discussing the question: "What is our problem?" When the counselor asked them about the talk, the father spoke up and stated:

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<sup>8</sup>Dorwin Cartwright and Alvin Zander, Group Dynamics (New York: Harper & Row, 1960), p. 78.

<sup>9</sup>Clinebell, op. cit., p. 153.

Jim: "You know, I think that Peter and I have similar problems."

Counselor: "I'm not sure I know what you mean."

Jim: "Well, Peter and I have crutches. He's turned to drugs and I turned to beer."

Counselor: "You're beginning to see that Peter and you have something in common."

(Previously, Jim had refused to empathize with Peter.)

Jim: "That's right."

Counselor: "I wonder how Helen fits into this."

Peter: "She thinks we're both wrong. She goes to church and comes back and preaches at us."

Counselor: "I wonder if we're not talking about three forms of escape...."

(The counselor moved too quickly at this point. Fortunately, the interaction progressed.)

The conversation moved to a deeper level when the family qua family wrestled for a statement of their pain.

Another helpful programmatic device is to ask the family to "draw a picture" of their family either in "stick figures" or "circles." Again, the family has to struggle together with the placement and size of each member of the family.

In the early sessions, the family members will usually attempt to address the therapist instead of other members of the family. This is an indication that they are choosing to talk about one another rather than to one another. Such a maneuver is an attempt to enlist the pastor's help or approval against another member of the family. When this happens,

the author suggests that the family members talk directly to each other. Gradually the members of the family learn to interact with each other without the help of the counselor. When this happens, the family members have taken an important step towards spontaneous communication.

In the utilization of family therapy by the author, Structural Analysis has been a helpful tool. Structural Analysis, developed by Berne, is a valuable tool when it is used by a pastor who has neither the time nor the training to do long-term intensive therapy. In the role of teacher-therapist, a blackboard can be used to diagram the three circles representing the ego states and to explain the basic principles of Structural Analysis. Then the counselor can get the family to look at the web of their relationships according to the Bernean typology. Often, the family group discovers together that one of the parents may be taking the "parent" role while the children and the spouse take the "child" role. In one situation, the husband and wife began to realize that they were choosing to allow the wife to be the "parent" and the husband to be a "child." The author disagrees with Jackson and Grotjahn<sup>10</sup> when they write about group therapy:

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<sup>10</sup>Martin Grotjahn and James Jackson, "The Efficacy of Group Therapy In a Case of Marriage Neurosis," International Journal of Group Psychotherapy, IX (October, 1959), 246.

If the patient is playing the part of the child in a parent-child marriage neurosis this procedure will not help. The marriage partner should be brought into the group as a visitor only in those cases where the patient is the dominant person in the marriage.

This appears to be too broad a statement. It has been the experiences of the author that the parent-child game is quite often one of the pathological patterns of malfunctioning in a family group situation. The act of seeing the family together says that the parent-child game is a problem which belongs to everyone in the family. Thus, the answer, if not the cause, rests within the family.

Another technique which is relevant for utilization in family group therapy is role-playing. Often, the author will ask the members of the family to role-play situations which evolve out of the here-and-now. This allows the members of the family to perceive more clearly the issues through the eyes of the other person. Sometimes, the "generation gap" and "communication gap" are broken through this means.

The utilization of non-verbal communication methods often moves the family into a deeper feeling level. Gunther states the matter cogently when he writes:

Psychotherapy has moved away from talk, dealing with the past, analysis: lack of involvement. The direction is toward experience, encounter, staying in the here and now in an I-thou relationship. Away from insight and into experience; leaving the head orientation for a total mind/body approach. Sensory Awakening offers direct assistance in enhancing individual, family and group therapy. A way to physically deal with diagnosis, personality, resistance, anxiety, relating, caring, touching. Literally, methods for helping

people to keep in touch with reality.<sup>11</sup>

Three of the exercises which the author has found helpful are the following: "rocking" (called "Lifting" by Gunther); a "blind walk" (called "~~Exploring~~" by Gunther); and the "trust circle" (called "passing in a circle" by Gunther). When a member of a family is having difficulty in trusting the other members, the "passing in a circle" followed by "rocking" can often cut right through some of the defenses which prevent the feeling of trust and acceptance. Although the author has not used the "blind walk" in a family group, he believes that the pastoral counselor could have the parent(s) be led on a "blind walk" by a child who is neurotically dependent upon his parents. In family group therapy, the "trust circle" can be very effective. There need to be enough members of the family in therapy in order to be able to pass each member of the family around the circle. If advisable, the counselor can join the circle. The person in the center closes his eyes and leans back on the circle and allows the members to pass him around. It is an interesting experience for an aggressive teen-ager to have to "fall back" on his parents and siblings. In one family group, the mother did not trust anyone in her family. She especially lacked trust in herself. In the "trust circle," she found it very difficult to relax and

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<sup>11</sup>Bernard Gunther, Sense Relaxation (New York: Collier Books, 1968), p. 142.

trust her family. After she had begun to relax slightly, the family discussed this insight. The non-verbal technique fed important data into this family's understanding of their needs. The family could have talked about the lack of trust which had been apparent. Nevertheless, nothing is more powerful than to experience the lack of trust. The author will often use the "rocking" exercise following the "trust circle." In this exercise, one member lies down on the floor and closes his eyes. The other members of the family massage the person's body. Then, they lift the member up and rock him back and forth. After awhile they raise him higher in the air and, then, gently lower him to the floor. Again, they massage his body and, then, leave him alone. In both exercises, there is no verbal communication. Each member of the family is able to do two things: (1) to realize that father or mother is dependent upon me and (2) to have to trust the other members of the family unit. Often, sensory awareness experiences are used as a means of helping family members to talk about their feelings. Sometimes, it is a difficult thing for members of families to do. They most often want to "intellectualize" instead of experiencing. Gunther<sup>12</sup> states the rationale succinctly when he writes the following:

Sensory Awakening is a method which can help bring you back to your senses: to quiet excessive thought, to release chronic tension,

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<sup>12</sup>Ibid., p. 22.



to enhance direct sensory-reality in the here and now. This process can show you how to allow greater sensitivity, feeling and awareness: did you in letting yourself be more--your entire organism--open to the potentialities and possibilities with out/in you.

The discovery of the "feeling level" by a family lessens the destructive implications of one member of the family being able to "get on the feeling level" while the other members are not involved.

In the author's situation, as a pastoral counselor, he discovered another very meaningful facet of sensory awareness. In a newly established Fair Housing Council, the group decided to employ sensory awareness exercises in an attempt to get to know one another better across the many boundaries--including the racial. At the session were three members of a family, the Brockfords. The father, mother, and daughter, Mary, were present. Mary was a senior in high school and an honor student. She is a sensitive person. (The family will be mentioned again in the case-studies.) In the Fair Housing Group, Mary stated that she felt that the experience of warmth and relationship which she sensed in the group was what "kids" were seeking in the utilization of "pot." The author asked her if she would be willing to write down her thoughts on paper. The statement comes from the depths of one human being. These are the words:

Looking back on my experiences with marijuana and sensitivity, I realize that unknowingly, I was in search of love and humanness. Society and its demands are so cold, narrow, materialistic and status oriented. Society wants to turn youth into carbon copies of the adults which make it up.

I suppose I got involved with marijuana through being attracted to the people, not the drug itself. These people are truly beautiful! They feel, care, and love. They accept you for what you are and love you for it. There is such a total humanness about these people. They are uninhibited and don't put on any false fronts for society. I felt fulfilled and happy with these people. When marijuana was used it was to increase awareness and enjoy everything to the fullest--laughing, music, people. Marijuana is a part of these people but it is the people who bring the real joy.

I believe I have found an answer for "something better to do." SENSITIVITY....Since I have been involved in sensitivity training and group therapy encounters. It is so exciting! Sensitivity breaks down barriers and you feel emotions unknown by most to even exist. There is such humanness and love in it.

I wish more people could be "turned on" to sensitivity. I have found myself happier since I have found this type of warmth and love. I can really get high on nature, books, music, and most of all people. It's beautiful!! (Used and abbreviated by permission.)

How can one state the realization of the potential of sensory awareness any better? The Brockfords already displayed openness in their communication patterns. Although this was not "conjoint family therapy" it was a family learning more about each other in the open relationships of a Fair Housing meeting.

Another resource is the "talking to the chair" technique from Gestalt therapy. When unusual ambivalence in one of the members of the family is sensed, the person can be encouraged to see the "two sides of himself" and to seek to get these two sides engaged in conversation. By using two chairs, this process can be facilitated. The person moves from one chair to the other. Each chair represents one side of himself. He then holds a conversation with himself.

Three pastoral counselors (Brian Hall, Courtney Peterson, and the author) devised a program which was called "Parents Alive." It was a six week program which recognized that the parents are the "architects" (Satir) of the family. The goal of this program was to facilitate communication between the parents and to help them to come "alive" in relationships within the family. It became increasingly clear to the author that the children should have been involved.

### Case-Studies

Let us look now at some of the counseling cases which the author has had as a pastoral counselor. First, it is important to remember that the church is a local United Church of Christ Church in a suburban community in Southern California. These cases are not presented as models of "how" to do family counseling. Instead, the focus is upon the value of the ability to treat the family as a unit.

The Marks are a family of five members. The father, Jerry; the mother, Paula; the eighteen year-old son, Phil; the sixteen year-old girl, Glenna; and a thirteen year-old girl, Carol. The "presenting problem" was Phil's "dropping out of school and taking drugs." Phil has an I.Q. of 160. He was "pushed in school." Now he had "dropped out" and was facing the draft. Phil had decided that he was going to refuse to be drafted and fight "in the silly war in Vietnam." The parents

came to the author as their pastor.

The author met with the Marks in the following combinations of family members: (1) He met with Phil; (2) He met with the parents; and (3) The author met with the family as a unit. The size of the group depended upon the focus of concern. When the family met as a unit, Jerry said to Phil in one meeting: "Phil, I fought in the war. Before I entered the war, I, too, wondered about whether or not I should fight." As the group looked at that statement, Phil could see that his father had struggled with some of the same questions. Jerry began to realize that part of his anger at Phil's "lack of patriotism" was directed at his own defensiveness about the decision which he had made when he was approximately Phil's age. If Phil were to decide to "go to Vietnam," then he would be affirming his father's decision. When Jerry and Phil saw that dynamic, they were able to communicate better with each other. However, improved family communication did not produce an immediate reaching of the parents' predominant goal. That goal was the registration of Phil in school. Phil chose to remain outside of school for another year. In the family setting, Phil's younger sisters were able to learn how to accept Phil as a brother and to share openly in the family process. Before the family got together in the session, the parents had attempted to "protect them" from the discussions. Phil stated that he believed (talking about Vietnam) that he "would rather do

something to affront my country than God." Thus, "Christian Education" was also a part of the conversation. The pastoral counselor, in family group therapy, is uniquely suited to encourage the family to explore that issue. (In Phil's case alternatives to military service were discussed.) As stated previously, Phil decided to stay out of school for awhile and left home. Indeed, Phil demonstrated no interest in returning to school. Communication between Phil and the rest of the family remained poor. As their pastor, the author was able to interpret Phil's need for a "moratorium" (Erikson) and to continue a relationship with them. In this situation, family group therapy helped to facilitate some growth. The parents' goal was not immediately reached partially due to the fact that Phil did not share the goal. He had come to counseling because his parents had manipulated him. After he decided that his moratorium was finished, he returned to school and is presently in Junior College.

Often, people say that "the pastor is too close to the congregation to be able to be an effective counselor." As stated previously, Bell believes that it is necessary for the family counselor to be unrelated to the family members outside of the therapy situation. The Dietrichs were very active in the life of the church. (The past tense is used since they moved out of town.) Their family group in counseling consisted of Don, the father; Wilma, the mother; Richard,

the thirteen year-old; Ronald, the eleven year-old; and Barbara, the eight year-old. This family counseling has led to a close relationship between the pastor and family. After several months of counseling, the parents were referred to a psychiatric group. The relationship to the family unit continued to be one of support. It was the opinion of the author that family group therapy was not the correct method at that point due to some deeply engrained neurotic patterns in both parents which required more time and ability than the author had. Also, individual treatment seemed more appropriate. The psychiatric group involved the adults in separate sessions.

The following family, the Trudys, have three children in the family group. The names of the five members are the following: Paul, the father; Sophia, the mother; David who is eight years-old; Mike who is six years-old; and Patricia who is four years-old. The presenting problem which they brought to counseling was to "get help for David, who was acting out in strange ways." They had visited a Child Psychologist for awhile. During the time in which they were seeing him, Sophia had an affair with another man. At that point, the couple came to see the author. Very early in the conversations, it was evident that the problem was a family problem. The method of counseling has been to meet with the parents and family as a whole on alternate weeks. The parents are experiencing serious problems in their relationship.

Another symptom of the family problem was the "heavy drinking" of Sophia and the "long working hours" of Paul. The family was hurting.

When Sophia admitted her unfaithfulness to Paul, he left home for awhile. An illuminating incident occurred once in a counseling session with the parents. The following conversation took place:

Paul: "I can see two buttons in front of me."

Counselor: "What do the buttons represent?"

Paul: "Well, one of them is a button which when I push it, I can leave this family for good, and the other is the button which means I'll stay."

Counselor: "Right now, you're not sure which button you want to push."

Paul: "That's for damned sure."  
(Paul's feeling tone was one of real anxiety. Sophia looked frightened by his remarks.)

The conversation went a little further and, then, the counselor suggested that he use the "two chair technique." He let each chair represent a different side of himself. One side was represented by the button "to leave" and the other side by the button "to stay." He became fully involved in the conversation with himself. He could not push the button "to go." During the next week, the counselor saw them in individual sessions. Paul hit a large box which represented different people. (His wife, her former "lover", and himself.) His real battle was with himself. Both of them are very insecure and he could not stand the thought that Sophia had been able to do this to him.

Again, the programmatic devices seemed to facilitate insight arising out of the feeling level.

Another part of the relationship in counseling were the diaries which were kept by Sophia and Paul. In the diaries they would write down their feelings. They brought them to the sessions each week. The diaries proved to be a means of support as well as insight between sessions. The following excerpt from Sophia's diary illustrates a vital facet of the relevance of the pastoral counselor:

I think I'm correct in my understanding. I have been jolted to realize the importance (completely) of the spiritual to me. No wonder I feel insecure, worthless, inadequate, etc. I don't love the superficial, consequently, I don't love myself, and if I don't love myself, I can't expect anyone else to. The spiritual is so far more significant to me, and I began destroying that a long time ago. He (Paul) has both aspects to him, but I no longer filled the spiritual, and only barely the superficial which resulted in no confidence in my relationship with him--and, hence, everyone else was a threat to me.

Alcohol lessened my feelings of inadequacy--numbed me--and became a habit.

Dr. ( ) revealed to me my needs, said I was worthwhile and ignored, and said I needed to be selfish. He also said I would discover something "beautiful" in myself--saying this brought out great emotions in me, so I interpreted the "beautiful" as "spiritual," and knew I had a great emptiness. Dr. ( ) could not explore the spiritual with me, as he had already eliminated religion as a psychological ruse.

Then, I became susceptible. Next, I was ready to "kill" any of the old me. I was superficial I felt, but not worthless, and to accept any merit in myself I would kill all chance to be further plagued by "spiritual" longings or ties to (Paul) who represented a reflection of me, and a throwback to ways I could never return to.



I was never able to find the middle ground. I reacted at one pole or the other, neither being myself. I needed identity, and this identity was a recognition, acceptance, and understanding of myself in that middle ground. I need to come to grips with my spiritual self. I must do this.

Ralph can not only see the psychological situation, but also the spiritual. Yet, I must explore and discover myself.<sup>13</sup>

When one sifts through the manipulative aspects of this statement, it is clear that the pastoral counselor has an opportunity to affirm the "spiritual needs" as a real area for concern.

Many of the problems in communication revolved around the parent-child relationship. David had attempted to "bottle up" a lot of his hostilities toward his parents. The following statements come from a tape recording of the family group sessions. The ages of the children are important to remember. Although the author usually does not have children who are less than seven years-old in the sessions, it seemed like the appropriate thing to do in this situation. The oldest child, the "scapegoat" of the family pathology, was only eight. The setting was the nursery school office at the church. There are toys and books available for Patricia. She would join the circle at times. At other moments, she would go to another part of the room and play. The counselor observed the parents' relationship to her. Early in family therapy, the dependence of the children on their mother was stated

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<sup>13</sup>Used by permission.

non-verbally in their seating arrangement.

In the session from which the following excerpts were taken, some time was spent at the beginning in talking about the new watches which David and Mike had received. As the group was talking, the nursery school phone rang. Then, the following discussion emerged:

Patricia: "The telephone is ringing."

Counselor: "Yes, we'll just let it ring if it rings anymore."

Patricia: "Don't you want to answer it?"

(Stated in the questioning voice of a four year-old.)

Counselor: "No. You see, that phone is the nursery school phone. I wouldn't be able to help the person who is calling. The person who is supposed to answer that phone will be here in the morning. Besides, right now I'm more interested in your family."

(The counselor tried to respond to a real question from Patricia.)

Patricia: "Do you remember how old I was?"

(She had told the counselor the week before.)

Counselor: "If I tell you and I'm wrong will you tell me?" (She nods affirmatively.) "I think you're four years old."

Patricia: "Cause I told you the other day."

Counselor: "Yes, I remember. You're a pretty big girl for four years old."

(Patricia seemed satisfied. Her tone of voice became cheerful. She went over to the toys.)

David: "Mom, on the way home, I want to ride with you--o.k.?"

Sophia: (Her face turned red) "David, why do you say that?"

David: "Because I want it that way."

(There was a pause.)

Counselor: "You feel more comfortable with your mom, David."

David: "No, she gives me peppermint candy. Also, Patricia won't bug me."

(The counselor missed David's conscious message. A benefit in working with children is that they will often tell you if you're wrong.)

Mike: "She bugs me too."

Patricia: "Oh, you always bug me."

(This conversation was stated in a relaxed way. However, David got more serious and said the following.)

David: "My dad is not always easy to talk to."

Mike: "Yeah, at home he reads the paper instead of talking to us. Then when he talks to mom, they often argue."

David: "Yeah, I wish they would quit it."

Counselor: "It sounds like you both really mean it. You know your parents are right here. How about telling them more directly? Can you say: 'It really bothers me when you argue.'"

David: (To his folks) "It does really bother me."

At this point, the parents responded. At first, they were quite defensive. However, they began to be more honest with their children. As the discussion progressed, the group looked at a normal pattern in the evening when Sophia would yell at David. Then, David would yell and "get back at her" by refusing to go to sleep at night. The counselor asked Paul where he fit into this, and he stated that he would physically force David to go to bed. However, he felt trapped because he felt David was being "yelled at too much." When the counselor

suggested to him that he felt the same way, he agreed. (He was being "yelled at" by Sophia.) A covenant was established to attempt new ways of relating and changes did occur. Also, Sophia took David to the pediatrician and got a prescription for a very mild tranquilizer.

Later in the session, Paul raised an interesting area of concern. During the previous session (as in this session), David and Mike had complained about their father's reading the paper during breakfast.

Paul: "You told me the day after we came here last time that it was all right to read the paper so long as I didn't read it out loud. We had a discussion about that."

Sophia: "That had been another misunderstanding because he (Mike) meant that he didn't want his father reading the paper out loud. He'd (Paul) say, 'Sophia, listen to this' and read the paper for three minutes."

(Later in the session, the counselor reported his "uneasiness" about the way in which Sophia interpreted the family transaction. It seemed to be in a parent to child mode. This approach is similar to Paul's mother's treatment of him.)

Paul: "That's what he didn't like. Remember you (to Mike) said I could read it to myself but when I did you ran up to your mommie and said 'Make him stop that!'"  
(Mike laughs nervously and looks at his mom.)

Counselor: "Why are you looking at your mom?"

Mike: "I don't know."

Counselor: "I'm also wondering why you tell your mom instead of telling your dad directly."

Mike: "I don't know."

David: "I told dad once and he said that if he didn't read the

paper at home, he would have to read it at his office and he wouldn't make enough money."

Paul: (Defensively) "I think mommie said that."

Mike: "You said that we wouldn't have desserts any more."  
(The peer support from David facilitated the ability of Mike to speak up.)

Paul: "I was kidding."

It was obvious that Paul was hearing the message. The counselor noticed that Mike had picked up a book and was looking at it. He asked David to tell Mike to put the book down. (The counselor did that to illustrate communication.)

David: "Put the book down."

Counselor: "Would you rather have me ask David to tell you or to have me tell you myself?"

Mike "I'd rather have you tell me."

After some conversation, Mike said: "I guess I should tell my dad because my mom is not the one who wants my dad to start reading the paper at another time--I am." During the next session, the parents and children talked about improvement in this area.

The Trudys have been dealt with at some length as an example of a situation in which family group counseling provides a tool for helping the family as a unit. In their case, growth in communication occurred.

Another case-study of family group therapy is the Brockford

family. The pastor had met with the parents, John and Carol, and the seventeen year-old daughter, Mary, in separate sessions. Mary was a straight A student and popular with her peers and adults. Her parents worried about her depression and let Mary's depression rule the house at times. In short, Mary and her parents got depressed over her depression. At one session, the counselor asked Mary: "What do you get out of the depression? It seems to me that you're getting something or you wouldn't continue." At first, Mary looked surprised. However, she said "I get attention from Mom and Dad." The counselor, then, had her use the "two chair" technique for the "two sides of herself." One side was "I'm strong" and the other side was "I'm weak" --"poor me." When she was talking to herself, suddenly she said, "I AM STRONG! I DON'T NEED YOU ANY MORE!" (She said that to her weak side.) The periods of depression and "severe" headaches lessened temporarily. The family came less often for "counseling." As Becker has stated "The shift of initiative from the family to the pastor should be only a temporary and casual one."<sup>14</sup> The Brockfords periodically talk to the author about some aspect of the situation. Mary is in college now and she writes periodically. In one of her letters she wrote: "The kids here won't pamper me. I'm glad." The author is

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<sup>14</sup>Russell J. Becker, Family Pastoral Care (Englewood Cliffs: Prentice-Hall, 1965), p. 131.

thankful that Mary is able to see that it would be more harmful if she were to be "watched over." A very important by-product of these relationships can be the development of a climate of trust and understanding which grows between the family members and their pastor and counselor. The following statement is an incisive statement about the church as the author sees it.

A local church is part of the extended family--a part of that web of meaningful relationships which encircle and undergird the inner circle of the family. As in the case of the family, the health and effectiveness of a church are directly related to its success in satisfying the needs of people. A 'good church', like a 'good marriage,' is one within which persons find a quality of relatedness which satisfies their heart-hungers. The inspiration, fellowship, and sense of belonging which come from involvement in the life of a church where people are 'members one of another' (Rom. 12: 5) is an important source of psychological nourishment. This satisfaction of inner needs helps nurture mental health and prepare one to meet the needs of others.<sup>15</sup>

The goal of the author's church is to be able to endorse and appreciate that "now there are varieties of gifts, but the same Spirit; and there are varieties of service, but it is the same God who inspires them all in every one."<sup>16</sup> This emphasis is analagous to the understanding of the phenomenon of complementarity of the family interactions in family group therapy.

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<sup>15</sup>Clinebell, op. cit., pp. 24-25.

<sup>16</sup>I Corinthians 12:4.

## COMPARISON AND CONCLUSIONS

In this chapter, case-studies have been given of family group therapy in two settings: the family service center and the parish church. A central variable has been the settings. The experience of the author strengthens the assertion by Hiltner and Colston when they state the following:

Yet if they seek help at the church at all, our study suggests that the pastor has at least some good chance of being of help to them. We believe we have shown that the attempt to understand and to articulate to ourselves the feelings people have about the whole context in which pastoral counseling takes place, is not a nuisance but a vital instrument in the growing of help.<sup>17</sup>

The author believes that the pastor can employ other means of facilitating family growth than family group therapy. He is related to a community of faith which has a set of values and an ethos in which the family participates. The author has sensed that this is an advantage in most cases. The flexibility and continuity of relationships can be a bridge for growth if the relationship does not become unnecessarily dependent. As seen in the case-studies, the pastor is able to minister to the family when therapy does not appear to be the correct methodology. The family service center does not provide that opportunity.

The potential of the utilization of the religious resources is

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<sup>17</sup>Seward Hiltner and Lowell G. Colston, The Context of Pastoral Counseling (Nashville: Abingdon Press, 1961), p. 220.



a vital asset to the pastoral counselor. It has been the author's experience that the freedom to meet the family where they are in all dimensions of their lives is an important facet of the pastoral counselor's ministry to families. This includes the family members' questions and affirmations about their faith. The author gained an appreciation of that possibility in his church setting in contrast to the family service setting.

A negative factor in the parish church setting is the realization that one's salary is being paid by the families who come to the counselor. The variety of other relationships outside of the family group session can become a restricting influence upon the pastoral counselor. On the other hand, these relationships can be utilized constructively.

Another positive factor in the parish church setting is the ability of people to sense the "help" as coming from within the "extended family." The author sensed that the larger community helped to provide some of the follow-through that was necessary. This was often accomplished unwittingly. The pastor is able to facilitate that process when he is aware of the needs of the family. In the family service center, the counselor is not involved in any other group in which the counselees function. Thus, he is deprived of the opportunity to deal with the larger system.

It must be continually stated that there are cases in which the author felt that another counselor should meet with the family. In such cases, the setting of the family service center would be preferable. The lack of relationship of counselor and counselee outside the sessions is important in some cases. In short, the same dynamic works both ways, positively and negatively. It depends upon the particular situation of the family receiving treatment.

## CHAPTER VI

### SUMMARY AND RECOMMENDATIONS FOR FUTURE STUDY

In this chapter, the author will attempt to summarize some of the salient points of this dissertation. Also, some of the limitations of family group therapy will be mentioned. Then, areas for future study will be discussed.

In the dissertation, the author has attempted to perceive if family group therapy provides a relevant methodology for helping the pastoral counselor. Attention has been paid to the implementation of the function of the church. It has certainly not been the intention of the author to suggest that family group therapy is a way to eliminate conflict completely from family life. Indeed, Thorman is correct when he states that "conflict is an inevitable part of family life."<sup>1</sup> Family group therapy is discussed as one of the tools by which the pastoral counselor can help families to find new and better ways to resolve conflicts.

The mission of the church has been described as "the increase of love of God and men." It has been a salient assumption of

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<sup>1</sup>George Thorman, "Family Therapy--Help For Troubled Families," Public Affairs Pamphlet No. 356 (February, 1964), 10.

this dissertation that relationship to God and man are inseparable. Thus, when one experiences love and acceptance on the person-to-person level, one often discovers that the eternal is able to break through.

The rationale of family group therapy is that the family is the unit to be treated. It takes seriously the complementarity of family neuroses and refuses to allow one family member to become the "scapegoat" of the family. Primarily, we have looked at the methodologies of Bell, Satir, Framo and Boszormenyi-Nagy, Grotjahn, and Minuchin. The adaptations of family therapy for the pastor who is not trained as a counselor have been discussed. Such a pastor can facilitate family growth through a better understanding of the interdependence of the family unit. Hopefully, he will not be manipulated by one member of the family or one sub-group in the family into taking sides. This may cut him off from significant relationships within the family. We have stated ways in which the trained pastoral counselor, who has not employed family group therapy, may begin to utilize this resource as a part of his own ministry to people.

Some of the experiences which the author has had with family group therapy in a family service center and in the parish church have been given. These cases have not been offered as models. Instead, they are intended to encourage other pastors and pastoral

counselors to look at this type of therapy as one of the viable tools for ministry. One has to be careful that he does not perceive family group therapy as "THE method." Nevertheless, it is a tool which relates both to the implementation of the church's ministry of concern for people and to the entree which pastors have to family units.

The basic research has been primarily empirical. Nevertheless, the rationale of family group therapy and the relationship between the potential of family group therapy and the function of the church in the 1970's have been discussed. Thus, the paper has also included theoretical formulations.

The following are some of the limitations of family group therapy. It is important that the pastor choose wisely the manner of relationships. Family therapy is impossible in a situation where an individual family member is malignantly ill, psychiatrically speaking. When the isolation is so deep and severe that the connection is almost totally disrupted, the pastoral counselor (unless he has both the time and training) should refer such a person for psychiatric help. As mentioned previously, he should continue to minister, as a pastor, to the individual and family. If he fails to do this, he will reinforce the scape-goating phenomenon and fail to help the family and patient deal with their feelings. When the family member who has been referred is able to begin the emotional reunion with the family, then family group

therapy is available. Also, it is important that the pastoral counselor remember that transference does not occur in the same form in family psychotherapy as it does in individual counseling. The family therapy situation is complicated by the simultaneous presence of two or three generations. Thus, one must be careful in the employment of family group therapy. The pastoral counselor should be prudent in the choice of families for family group therapy. He should not be afraid to refer families for help if he feels that he is not the right counselor for the particular situation. Indeed, if he does not do that, he is not being fair to himself or the family. Becker reminds counselors of the importance of remembering their subjective feelings. He writes that the pastoral counselor may "respond to the child in terms of remnants of his own childself, seeking through this child before him what he once desired for himself."<sup>2</sup>

Knowles points to an essential thrust of counseling in the church when he says that "...a counseling group is a school for training the laity for their priestly or pastoral ministry."<sup>3</sup> Ackerman states that "One must find a group climate in which one can continue

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<sup>2</sup>Russell J. Becker, Family Pastoral Care (Englewood Cliffs: Prentice-Hall, 1965), p. 130.

<sup>3</sup>Joseph W. Knowles, Group Counseling (Englewood Cliffs: Prentice-Hall, 1964), p. 37.

to grow and actualize one's potential in healthy human relationships."<sup>4</sup> The church should be the place where the worth of each individual is affirmed. When the pastor, through his many roles, is able to help the church to reach that goal, he will be facilitating the "increase of love of God and neighbor." Family group therapy can be one instrument for that purpose.

Family group therapy is such a relatively new methodology that continual and careful research by pastoral counselors needs to be done. An area for further study which has not been explored in depth in this dissertation is research on the validity of the traditional family life-styles in our culture. Many people who are sensitive to human relationships are questioning traditional family life-styles. In its family-centered focus, the church should not sanctify one form of relationship as the "Christian" style of family life. Thus, research needs to be accomplished in the area of the ability of family group therapy methodology to be open to a variety of life-styles. Also, much study needs to be done in the adaptations of family group therapy in the economically deprived areas. Due to the fact that insight-oriented therapy is primarily appealing to higher economic groups, further research needs to be accomplished in this field. Such a study might

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<sup>4</sup>Nathan Ackerman, The Psychodynamics of Family Life (New York: Basic Books, 1958), p. viii.

help pastors to be able to minister more effectively to the economically deprived. Minuchin's work is providing data in this area. Research by a pastoral counselor in lower socio-economic areas on the relevance of family group therapy would facilitate greater perception of the unique needs of families in that setting. More research should be done on the assumption of this paper that changes in the family system provide a foundation for changes in larger social systems. Traditional "social action" and "pastoral counseling" come to a vital meeting ground in this area. Seifert and Clinebell have recognized this in their book Personal Growth and Social Change. They state that "...the most effective prevention is that which allows the systems of which a person is a part to become life-health-wholeness creating."<sup>5</sup> Milieu therapy recognizes the validity of this approach. Does family group therapy facilitate growth which enables family members to function better in the larger systems? Is family group therapy worth the effort in light of the aberrations in the larger systems? Perhaps, pastoral counselors should focus their attention on the larger systems. These questions raise salient issues for study.

The completion of the dissertation becomes for the author the

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<sup>5</sup>Harvey Seifert and Howard J. Clinebell, Jr., Personal Growth and Social Change (Philadelphia; Westminster Press, 1969), p. 15.



impetus to continue the search for new methods and applications of family group therapy for the pastoral counselor. Thus, the completion is a prologue to a continuing journey.

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